

Contact with birth parents: An exploration on its impact on the well-being of looked- after children

Eimear McDowell BSc (Hons)
Faculty of Life and Health Sciences
Ulster University

Submitted for the degree of Doctorate of Philosophy
September 2019

I confirm that the word count of this thesis is less than 100,000 words
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CONTENTS

ACKNOWLEDGMENTS	vi
THESIS ABSTRACT	vii
DECLARATION	viii
LIST OF TABLES	ix
LIST OF FIGURES	xi
CONFERENCE PRESENTATIONS AND PUBLICATIONS ARISING FROM MATERIAL IN THIS THESIS	xii
Chapter 1: A brief history of contact with birth parents	1
1.1 Introduction	2
1.2 What is contact?	3
1.3 Figures across the UK, NI and the RoI	4
1.4 Policy procedures	7
1.5 Thesis aims	9
Chapter 2: Literature Review	11
2.1 Introduction	12
2.2 History of contact in foster care	15
2.3 The traditional theoretical framework for contact – Attachment	17
2.4 Complexity of assessing the attachment bond	18
2.5 Attachment and children’s ability to form new relationships	19
2.6 Privation versus deprivation	20
2.7 Contact and reunion	22
2.8 Does contact increase the likelihood of reunion?	24
2.9 Caseworker expectation as a predictive factor of reunion	25
2.10 Is reunion always successful?	27
2.11 Contact & placement stability	28

2.12 Challenging contact and its impact on placement stability	29
2.13 Other factors associated with placement stability	30
2.14 Kinship care and contact.....	31
2.15 Outcomes associated with contact in kinship foster care	32
2.16 Contact and individual differences	32
2.17 Conclusion	35
Chapter 3: Exploring issues surrounding contact with birth parents using semi-structured interviews.....	39
3.1 Introduction	40
3.2 Methodology.....	43
3.3 Results and Discussion	53
3.4 Conclusion	180
Chapter 4: Contact with birth parent's and the role of attachment on looked-after children's well-being	193
4.1 Introduction	194
4.2 Methodology.....	202
4.3 Results	223
4.4 Discussion.....	241
Chapter 5: Research integrative summary and future directions.....	274
5.1 Introduction	275
5.2 Analysis of overall findings.....	276
5.3 Thesis contributions and theoretical implications	282
5.4 Policy and practice.....	284
5.5 Limitations and lessons learnt	287
5.6 Future recommendations for research	289
5.7 Conclusion	291
Reflective log.....	292

References	295
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ACKNOWLEDGMENTS

I would firstly like to extend my sincerest gratitude to my supervisors Professor Tony Cassidy and Dr Marian McLaughlin, for your encouragement, support and enthusiasm throughout this experience. You have helped me gain the confidence I needed to complete this thesis, mainly through your advice, insight and friendship. You have both been great mentors and role models to me and your support has been crucial in my development as a researcher and as a person. I consider myself extremely lucky to have worked with such kind and inspiring academics.

I would also like to thank all the staff at Ulster University's Psychology Department for your continued support and the opportunities you have presented me with.

I would like to acknowledge and thank all the friends I have met throughout my experience, it has been a pleasure getting to know you all and watching you achieve your dreams. But in particular, I want to thank and acknowledge my good friend Lesley-Anne Donnelly. Thank you for all the laughs, tears and drinks we have shared along the way.

I would especially like to extend my thanks to my family, those present and those I have lost along the way including my grandparents Vincent and Lily Daly who I know would have been so proud. Also all my cousins (too many to name) and my uncles Michael and Vincent who helped enormously with the research throughout. Thank you also to my best friends Sophie, Nikita, Rachel and Kim, for your support, patience and encouragement. You made me laugh throughout this journey when times seemed most challenging.

Most importantly I must acknowledge and thank my parents Stevie and Theresa, sisters Meabh and Caitlin, my brother Eamann and my partner Paul. Thank you for being my biggest motivation to succeed. You believed in me when I didn't believe in myself. Without your support and encouragement this would have felt impossible. I love you all beyond words.

Thank you to VOYPIC and Tusla, without whom this research would not have been possible. Finally thank you to all the participants who partook in this research. I am extremely grateful for how generous and brave you were in sharing your time, experiences and perspectives.

THESIS ABSTRACT

Contact with birth parents: An exploration on its impact on the well-being of looked-after children

Contact with birth parents has been identified as one of the most important issues amongst looked-after children (Timms & Thoburn, 2006). Policy decrees that local authorities must support contact between looked-after children and birth parents unless this is not ‘reasonably practical or consistent with [the child’s] welfare’ (Schedule 2, paragraph 15). Research used to inform policy and practice has predominantly been based on methodologically flawed research, using incomparable samples, secondary data and has excluded the voice of the child. Therefore, the aims of the current study were to; 1) Explore care experienced young people’s experiences of contact with birth parents, 2) Identify the main issues surrounding contact with birth parents amongst looked-after children and young people, 3) Explore the impact of contact on looked after children and young people’s well-being. To achieve these research aims, the use of an exploratory sequential mixed-methods design was determined to be most appropriate. In an initial qualitative phase, semi-structured interviews were conducted with a sample of looked-after children. The type of analysis used was interpretative phenomenological analysis (IPA), which is concerned with exploring and portraying the meanings and processes of individual perspectives (Jarman, Smith & Walsh, 1997). A total of 5 key themes were identified, including disempowerment, depersonalisation, empowerment, contact & placement stability, and support & attachment relationships, as well as an embedded theme of contact throughout. Findings suggest that the most fundamental function of contact was to maintain or enhance pre-care attachment bonds. These findings then informed the quantitative phase in which a survey was distributed to a sample of care experienced children (n=143). A proposed contact model was also developed from findings of the initial qualitative phase in which to interpret and measure data in the quantitative phase. The main findings suggest that contact can impact children’s well-being and that children’s attachment relationships help to predict contact and outcomes associated with well-being.

DECLARATION

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LIST OF TABLES

Table	Description	Chapter	Page
3.1	Participant demographics	3	48
4.1	Items and factor loadings for the Perceptions of Carer	4	216
4.2	Items and factor loadings for the Special Person Scale	4	217
4.3	Items and factor loadings for the Psychological Capital Scale	4	218
4.4	Items and factor loadings for the Social Provisions Scale	4	219
4.5	Items and factor loadings for the Warwick Edinburgh Mental Well-being Scale – short form (WEMWBS)	4	220
4.6	Means and standard deviations by satisfaction with decision-making involvement	4	223
4.7	Means and standard deviations by desire for more contact	4	225
4.8	Means and standard deviations by sex	4	227
4.9	Means and standard deviations by educational status	4	229
4.10	Pearson correlations with mental well-being, and strengths and difficulty scores	4	231
4.11	Predictors of well-being from hierarchical multiple regression analysis	4	234

4.12	Predictors of total difficulties from hierarchical multiple regression analysis	4	238
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LIST OF FIGURES

Figure	Description	Chapter	Page
4.0	Links between qualitative	4	194
4.1	Themes and qualitative variables and measures Age distribution of Participants	4	204
4.2	Highest level of education achieved	4	205
4.3	Placement type	4	206
4.4	Length of time spent in care	4	207
4.5	Number of placement moves	4	208
4.6	Source of contact	4	209
4.7	Contact frequency	4	210
4.8	Main caregiver	4	211

CONFERENCE PRESENTATIONS AND PUBLICATIONS ARISING FROM MATERIAL IN THIS THESIS

McDowell E., Cassidy, M., & McLaughlan, M. (2019). Contact with birth parents: Hearing the voice of the looked after child. *Journal of Social Sciences and Humanities*, 5 (3), 194-199

McDowell, E., Cassidy, T., & McLaughlin, M. (2014). Looked-after Children: Contact with Birth Parents. *3rd Children's Research Network for Ireland and Northern Ireland Conference*

McDowell, E., Cassidy, T., & McLaughlin, M. (2015). The role of contact with birth parents on the health and well-being of looked-after children. *NIBPS Annual Conference*

McDowell, E., Cassidy, T., & McLaughlin, M. (2015). The role of contact with birth parents on the health and well-being of looked-after children. *EHPS Annual Conference*

McDowell, E., Cassidy, T., & McLaughlin, M. (2016). The role of contact with birth parents on the health and well-being of looked-after children. *NIBPS Annual Conference*

McDowell, E., Cassidy, T., & McLaughlin, M. (2016). The role of contact with birth parents on the health and well-being of looked-after children. *BPS Developmental Section Annual Conference*

Chapter 1: A brief history of contact with birth parents

1.1 Introduction

Across both practice and research, the issue which has consistently been identified as one of the most important concerns amongst looked-after children and young people is contact with their family of birth (Timms & Thoburn, 2006). While policy across the United Kingdom (Children Act 1989), Northern Ireland (Children Northern Ireland Order 1995) and the Republic of Ireland (RoI) (Child Care Act 1991) continues to support the maintenance of continued contact with birth parents, research surrounding the issue of contact has been widely debated, resulting in conflicting and equivocal findings (Quinton, Rushton, Dance & Mayes, 1997). Support for continued contact has most commonly been based on theories stemming from early research which suggests that contact is correlated to children's likelihood of being returned home and positive outcomes such as improved emotional well-being (Fanshel, 1975; Millham, Bullock, Hosie & Little, 1986). However, such research has predominantly been based on secondary data and has failed to consider the impact of pre-care experiences (Quinton *et al*, 1997).

Early literature in support of contact with birth parents has also been criticised for lacking a strong evidence base and excluding the voice of the child (Fox, Frasch & Berrick, 2000; Steven & Boyce, 2006). For example, in a review conducted by Quinton, Rushton, Dance and Mayes (1997) it was suggested that the research evidence based on the consequences of contact, which influenced legislation (Children Act 1989; Family Rights Group, 1986) had a number of methodological weaknesses, which means no clear argument can be established on the issue of contact. More recent research has also produced findings which present a less positive view on the impact of contact highlighting the complexity of the phenomenon and the need for re-appraisal. For example, Macaskill (2002) in a study of contact found that in one in seven cases, contact led to placement disruption and served to trigger painful emotions for children. Therefore, it seems there remains a number of fundamental questions which have not yet been addressed within the research, including when, why and how might contact work (Neil, 2009). Taking this into consideration the overarching aims of the current thesis will be to explore the issues surrounding contact with birth parents for looked-after children and young

people, identify outcomes associated with contact and to explore in what circumstances can contact serve to be a positive or negative experience for children and young people.

1.2 What is contact?

The term contact has been used to describe any premeditated communication between a child in out of home care and any key figure in the child's pre-care life, mainly biological family members. The maintenance and organisation of contact between looked-after children and birth parents is a complex issue, as contact processes must be considered in relation to the child's overall care plan, relevant to court order. Provisions regarding contact arrangements with an accommodated child must be agreed upon in co-operation with the responsible authority, the parents and the child. Factors which play an influential role in determining the nature of contact arrangements involves the child's age, developmental stage and the reason as to why they have been taken into care.

Contact can involve face-to-face visits referred to as direct contact or indirect sessions involving telephone calls, letters, cards or photo exchanges (Sen & Broadhurst, 2011). Contact can either be unsupervised or supervised by a health care professional or an agreed individual such as a family member. Supervision is more likely to be put in place where there are concerns regarding the child's safety or emotional well-being (Cleaver, 2000). The location of contact can be within a range of environments including contact centres, a public place or within the home of a family member (Humphreys & Stanley, 2006). The frequency of contact will fundamentally be based on the decision as to whether the child is planned to be returned home to their birth parents, therefore when reunion is the ultimate goal it is recommended that frequent sessions are organised (Taplin & Mattick, 2014). The majority of studies which have reported the number of children who have direct contact remain consistent, for example a study by Sinclair (2005), reported that 40-50% of children in care maintain weekly contact with a family member, and one in six have no contact at all. A study by Hunt, Waterhouse & Lutman (2010) also reported that 94% of children placed in kinship foster care maintained direct contact

with their mother following care proceedings, however this number was reduced to 42% during a five-year follow-up. It seems most children have a desire for contact, however the outcomes can be potentially damaging, impacting children's behavioural and emotional health (Browne & Moloney, 2002).

1.3 Figures across the UK, NI and the RoI

Mounting pressure and restricted resources for children's service staff, as well as substantial figures of looked-after children populations across the UK (Biehal, 2007), NI and the RoI highlight the significant importance of healthcare staff and researchers to explore practice implications and developmental outcomes for looked-after children and young people. Recent trends across the UK, NI and the RoI highlight the gravity of the situation in relation to the substantial proportion of children known to social services as 'children in need', including those on the child protection register and those in the care of local HSC trusts (DEPARTMENT OF HEALTH, 2017).

Recent figures show that the number of looked-after children across England has alarmingly been steadily increasing over the last nine years (Department of Education, 2017). At March 2017, there were 72,670 looked-after children across England, representing a 3% increase from the previous year. The number of children no longer looked-after during 2016-17 also decreased by 2% (Department of Education, 2017) meaning fewer children are leaving care and entering permanent placements, including adoption or being returned home. One of the reasons for this issue is due to falling figures of adoption rates across England for the first time since 2011, with a decrease in adoptions by 12% during 2016. As well as this, 2017 figures remain discouraging as the number of looked-after children adopted across England had fallen again by 8%. Overall, increasing rates of looked-after children across England indicate that more children were brought into care during 2017 than those who ceased to be looked after, highlighting the significance of the issue. The foremost reasons for children being looked-after across England in 2017 were categorised by experiences of abuse or neglect 61% (44,600 children), family

dysfunction 15% (11,150), family in acute stress 8% (6030) and absent parenting 7% (5,100) (Department of Education, 2017).

Trends across NI also lack positive or encouraging change, as figures show little variation in the number of children identified as those in need over the last few years (DEPRATMENT OF HEALTH, 2017). At 31 March 2017, 22,737 children were identified to Social Services as a child in need, 2,132 of which were on the Child Protection Register and 2,983 were in care of the HSC Trusts. As of March 2017, 37,618 children were referred to HSC Trusts in NI representing an increase of 10% on the previous year, with police services making the most referrals of children in need (26%), closely followed by Social Services (21%). Similar to statistics across England in relation to categories at entry into care, at March 2017 2,132 children were listed on the Child Protection Register across Northern Ireland, with the majority of cases (80%) categorised as a result of neglect and physical abuse. Therefore, findings across NI bear significant similarity to the high rates of children identified as those in need across England.

Unfortunately figures across the rest of the UK also fail to present encouraging changes in results. For example, Scotland consistently attains the lowest rate of children on the child protection register (15,317) as of 2016, however figures show a decrease of less than 1% from the previous year (DEPRATMENT OF HEALTH, 2017). England has identified a sharper rise in figures in comparison to the rest of the UK, however Wales shows similar rates to that of NI as of 2016 with little change in figures (DEPRATMENT OF HEALTH, 2017). On March 2016 there were 5,662 children looked-after in Wales representing an increase of 0.8% (47) from the previous year. Figures of looked-after children have increased by 5% over the last five years across Wales, while the number of children adopted have decreased by 12 % (45) from 2015. An important note to consider when discussing rates across the UK is that not all children who experience abuse or neglect are known to services. In fact, it has been estimated that for every child in the UK on the child protection register or subject to a child protection plan, there are likely to be

8 other children who experience maltreatment (DEPRATMENT OF HEALTH, 2017). This is a representation of the new challenge's services must face in relation to child protection matters, including the use of the internet and trafficking (DEPRATMENT OF HEALTH, 2017).

Information available in relation to looked-after children rates across the Republic of Ireland (RoI) is much less apparent than that across the UK. The Department of Children and Youth Affairs stated that at the end of December 2016, there were 6,258 children in care in Ireland representing a slight decrease from the previous year of 6,388 children. During 2015 Tusla reported that 49% of entries to care were due to Child Welfare concerns, and 51% due to abuse. Child abuse was categorised into instances of physical abuse, emotional abuse, sexual abuse or neglect. Cases of neglect were responsible for admission in 33% of all cases in 2015, and 30% of all cases in 2014.

Overall figures across the UK, NI and the RoI present worrying results as looked-after children remain a large, vulnerable and marginalised group within society, and have been associated with a number of negative and long-term outcomes before even entering care. For example, figures across the UK, NI and the RoI show that the majority of looked-after children have suffered childhood trauma which may involve abuse and/or neglect and domestic violence (McAuley & Davis, 2009). Persistent neglect may have important and possibly long-term consequences for a child's development and has been associated with neurodevelopmental difficulties, cognitive ability, educational performance, emotional dysfunction, belief in self-efficacy, insecure attachments and impaired social competences (Turney & Tanner, 2003).

Children who are or have previously been in care, are also more likely to experience educational problems and have been identified internationally as one of the lowest performing groups in relation to educational outcomes, with attainment gaps

continuing to increase as children get older (Sebba, Berridge, Luke, Fletcher, Bell, Strand, Thomas, Sinclair & O'Higgins, 2015). In a recent study conducted by Rees (2013), a sample of 193 looked-after children aged 7-15 years were assessed on a number of fundamental domains including mental health, emotional literacy, cognitive ability and literacy attainment. The data was compared with general population norms and existing literature, and results revealed that looked-after children performed less well in all domains representing a developmental delay. Such findings were found to be likely due to the experience of pre-care trauma (Rees, 2013). Other outcomes associated with being in care include adverse adult socioeconomic status and health outcomes (Viner & Taylor, 2005), psychosocial adversity and psychiatric disorders (Ford, Vostanis, Meltzer & Goodman, 2007), attachment issues (Millward, Kennedy, Towlson & Minnis, 2006) and emotional and behavioural issues (Quinton & Murray, 2002). Therefore, given the high rates of looked-after children across the UK, NI and the RoI, and the negative outcomes associated with childhood trauma and being in care itself, concerns remain at large about the unmet needs of this vulnerable and marginalised group of looked-after children.

1.4 Policy procedures

Legislation across the UK which ensures the protection and welfare of all children is the Children Act 1989. The 1989 Act provides a statutory framework for children in the care of local authority and decrees that local authority have a responsibility to promote and facilitate the maintenance of contact with birth parents and other key individuals in the child's life unless this poses a threat to the child's safety. Across NI, The Children Northern Ireland Order 1995 (the Children Order) is the principal statute governing the care, upbringing and protection of children in Northern Ireland. Within the Order 1995 it states that:

“Where a child is being looked-after by an authority, the authority shall, unless it is not reasonably practicable or consistent with his welfare, endeavour to promote contact between the child and his parents” (Children Northern Ireland Order 1995).

Health care professionals across the RoI hold statutory responsibility under the Child Care Act 1991 (“the Act”) to protect the welfare of looked-after children. Under the Act professionals have a responsibility to facilitate contact between children and parents, any person acting *in loco parentis*, or any other person who, has a *bona fide* interest in the child. Therefore, legislation and policy regarding contact procedures across the UK (Children Act 1989), NI (Children Northern Ireland Order 1995) and the RoI (Child Care Act 1991) continue to support the maintenance of continued contact with birth parents. An important factor which played an influential role in the development of the Children Act 1989 was an increase in research evidence advocating the maintenance of birth family links. Such research emphasised the positive impact of contact with birth parents on children’s emotional well-being, sense of identity and likelihood of being returned home when contact is maintained (Quinton *et al*, 1997). However, whilst practitioners continue to promote preserving links with birth parents through contact, more recent research on the issue has presented quite different findings as to the benefits of contact with birth parents for looked-after children (Quinton *et al*, 1997, Quinton *et al*, 1999; Ryburn, 1998, 1999).

The majority of evidence surrounding contact has been suggested to be methodologically flawed as previous literature has most commonly been based on incomparable samples and secondary data. This includes research which has failed to distinguish between contact with birth parents and contact with other key individuals in the child’s life, samples which are based on outcomes in retrospective studies, not distinguishing between direct and indirect contact and a scarcity of information which focuses on the short and long-term effects of contact with birth parents (Quinton *et al*, 1997). Furthermore, it has also been suggested that more research evidence surrounding contact has been based on foster carer, birth parent and child health care professional’s reports, excluding the views of the children and young people themselves (Fox, Frasch & Berrick, 2000; Steven & Boyce, 2006). Therefore, in order to establish a clearer understanding of some of the complex issues surrounding contact and divergent theoretical perspectives, a literature review has been conducted and will be explored in detail below.

1.5 Thesis aims

The overarching aim of this study was to explore the psychosocial factors which have an impact, not only on the overall experience of contact, but also on the well-being of looked after children.

Thesis objectives include;

1. To explore care experienced young people's experiences of contact with birth parents and identify the main issues surrounding contact.
2. To identify outcomes associated with contact for looked-after children and young people and identify what factors have a beneficial or damaging impact on contact
3. To explore the impact of contact on looked after children and young people's well-being and what psychosocial factors mediate the impact of contact.

In order to pursue these objectives a mixed-methods sequential exploratory design was implemented which involved the following;

1. A literature review

The main aim of the literature review was to gain an initial broad understanding of contact and to provide a comprehensive overview of the relevant evidence base and debates. This included a brief history of the issue of contact as identified throughout the research and the main outcome factors associated with contact with birth parents;

2. Qualitative phase

The aim of this phase was to gain an understanding of looked-after children and young people's perceptions of contact with birth parents. First-hand accounts provided an insight into what circumstances and issues were likely to have potentially beneficial or damaging outcomes for those young people who are directly affected by the issue. This included semi-structured interviews with a sample of care experienced young people, results of which were used to inform the second phase of the research;

3. Quantitative phase

The aim of this phase was to draw on the main issues identified by the young people themselves in the qualitative phase and explore what factors were associated with contact and its impact on young people's well-being. This included the design of a survey-based questionnaire, administered to a sample of care experienced children and young people. The survey explored the psychosocial factors that have an impact, not only on the overall experience of contact, but also on the well-being of such children;

4. Overall Findings and Conclusion

The aim of this phase was to collate findings identified across both studies and draw on the clinical and practical implications of the research and how policy and practice can best reflect the needs of looked-after children and young people.

Chapter 2: Literature Review

2.1 Introduction

Contact with birth parents has been identified as one of the most important issues amongst looked-after children (Timms & Thoburn, 2006) and remains a significant matter to those concerned with the welfare of looked-after children including family members, practitioners, policy makers and researchers. The maintenance of contact for looked-after children and their birth family members represents one of the key means by which those in both long-term and short-term placements remain connected to their biological roots. However, policy makers and local authorities currently face dilemmas with regards to decision making matters as they are confronted with the following questions: How much contact is an appropriate amount? Who should receive contact? And under what circumstances should contact occur? Therefore, it is essential that practitioners have sound and empirical research to help guide decision making processes relating to contact with birth parents and looked-after children.

Under schedule 2 of The Children Act 1989, it is required that local authorities must support contact between looked-after children and birth parents, relatives and other key individuals in the child's life unless this is not 'reasonably practical or consistent with [the child's] welfare' (Schedule 2, paragraph 15). Parental responsibility remains with the birth parents whilst children are looked after, unless a court declares otherwise. However, local authorities can restrict contact with the permission of the courts or in cases of emergencies (Masson, 1995). The 1989 Act (DEPARTMENT OF HEALTH, 1989-91) promotes a partnership framework in which local authorities must work in conjunction with the birth parents of looked-after children to encourage and facilitate contact. Therefore, legislative and policy procedures remain in favour of contact with birth parents, with the support of local authorities (Cleaver, 1998; Masson, 1997, Wilson *et al*, 2004).

A major influential factor in the development of the 1989 Act, which promotes the maintenance of contact, was research during this time. Such research promoted a number of positive outcomes associated with the maintenance of contact including

reunion with birth parents, children's healthy development and sense of identity (Berridge & Cleaver, 1987). One of the most significant study's around this time was Millham and colleagues (1986) '*Lost in care*', a 2-year prospective study involving 450 looked-after children. Results showed that 75% of children who left care within the first 6 months of entering had maintained regular contact with a birth parent. Similarly, one of the first studies to report contact as an influencing factor on reunion was conducted by Fanshel & colleagues (1975). The '*Children in Foster Care*' study, which involved a five-year longitudinal investigation with a sample of 624 children under the age 13. Results showed that contact was significantly associated with children leaving care, as two-thirds of children who had little or no contact with their parents during their first year in placement, remained in care five years later. In consideration of this, a causal relationship between contact and reunion was assumed and as a result it had a great influence on both practice and policy. Overall the implementation of the 1989 Act and emergence of research advocating positive outcomes associated with continued contact with birth parents (Haight, Kagle & Black, 2003; Hess & Proch, 1993; Maluccio, Fein, & Olmstead, 1986; Millham, Bullock, Hosie & Little, 1986; Proch & Howard, 1986) resulted in a change of attitude in favour of contact and a commonly held assumption regarding its benefits amongst practitioners.

Up until this point, policy makers and practitioners were under the assumption that contact was beneficial and that the pool of research which highlighted the positive outcomes associated with contact had been well established. However, a major weakness in all of these studies was that a systematic confound existed in the sample. The reason as to why children were taken into care in the first place was not taken into consideration. This was in relation to both children who remained in care long-term as well as those who were reunited. This is significant, as children who are reunited are less likely to have suffered abuse and/or neglect or if they did, the level of abuse or neglect was less severe. In other words, this research excluded children who were never likely to be reunited with birth parents which according to recent evidence is around 50% of children taken into care (Child Welfare Information Gateway, 2011).

It was estimated that 58,000 children were identified as in need of protection from abuse in the UK in 2016, and this is a conservative estimate (Bentley *et al*, 2017). However, evidence also suggests that children who have been sexually abused are more likely to be reunited than children who have been neglected, although a percentage tend to be re-abused and re-enter care (Biehal, 2006). Therefore, outcomes are substantially different depending on the reason as to why children are taken into care in the first place. This makes comparisons between those who are reunited with birth parents and those who remain in long-term placements flawed without considering pre-care factors.

In the past 20 years, research in the area has come under major scrutiny. For example, in a review conducted by Quinton, Rushton, Dance and Mayes (1997) it was suggested that the research evidence based on the consequences of contact, which influenced legislation (Children Act 1989; Family Rights Group, 1986) includes a number of methodological weaknesses, which means no clear argument can be established on the issue of contact. Quinton *et al* (1997) referred to current practice as a ‘social experiment’, due to a deficit in evidence-based policy. Quinton and colleagues (1997) also highlighted that the presumption of a causal relationship was inaccurate, as contact was more strongly correlated to other factors such as the practitioner’s own opinion and efforts with a particular family. More recent research has also shared findings which present a less positive view on the impact of contact, thus again highlighting the complexity of the phenomenon and the need for re-appraisal. For example, Macaskill (2002) in a study of contact found that in one in seven cases, contact led to placement distribution and served to trigger painful emotions for children. It has also been suggested that most research evidence on the issue of contact has been based on foster carer and child health care professional’s reports, excluding the views of the children and young people themselves (Fox, Frasch & Berrick, 2000; Steven & Boyce, 2006), maintaining a large methodological gap (Stevens & Boyce, 2006; Tarren-Sweeney, 2008).

In light of the above, recent findings regarding the potentially harmful outcomes associated with contact with birth parents, in conjunction with the methodological flaws of previous research, must be weighed and considered in line with the needs of the care population. The changing nature of the care population throughout the UK, NI and the RoI calls for a stronger evidence base, as figures now show most looked-after children have suffered maltreatment in the form of neglect. Young children who are looked-after due to a high risk of significant harm are also more likely to remain in care for longer periods of time (Biehal, 2007). The profile of looked-after children is also extremely different from that in the 1970's and 1980s, which represents the time at which most research on reunion was conducted (Biehal, 2007).

It is critical that local authorities and practitioners whose concern is with contact decisions have better research evidence on which to make informed decisions. The proceeding literature review provides a narrative account of the main issues surrounding contact with birth parents as well as debates within the literature. Databases which were identified as most useful included PsychInfo, Web of Science, Psychlit, Social work abstracts, PubMed, ProQuest and Scopus. The following keywords were also used in aid of the search: contact, visitation, access, birth families, parents, foster care, out of home care, attachment, kinship, placement, reunion and alternative family care. It is also important to note that the nature of this review is narrative rather than systematic, largely because the type of research in the area of contact does not lend itself to the stringent evaluation required in a systematic review.

2.2 History of contact in foster care

Before the implementation of the Children Act 1989 on the 14th October 1991, maintaining contact with birth parents was not considered a priority by local authorities, therefore little support and practical help was provided to promote continued links with birth families (Millham *et al*, 1986; Packman & Jordan, 1991; Vernon & Fruin, 1986). The general consensus prior to 1970 was that children who were adopted should not maintain contact with birth parents based on the assumption that it was essential for children and young people to develop a strong and exclusive

relationship with their new adoptive families (Moyers, Farmer & Lipscombe, 2006; Taplin, 2005). However, around 1970 this issue was questioned as research revealed that a number of children in their older childhood or young adulthood displayed emotional problems as a result of their disturbed sense of identity and origins (Quinton *et al*, 1997). It was then argued that it was necessary for children who were adopted to have contact with birth parents in order to complete their identity and prevent later mental health problems (Haimes & Timms, 1985; Howe & Hinings, 1989; Millham *et al*, 1986; Moyers, Farmer & Lipscombe, 2006; Taplin, 2005).

By the mid-1980s there was increasing research evidence highlighting the positive impact of maintaining contact with birth parents on children and young people's well-being. Research also highlighted how such links were too often not being encouraged or preserved due to restrictions imposed by courts and social workers based on a presumption that contact would unsettle children in their new placement (Bilson & Barker, 1995; Haimes & Timms, 1985; Howe & Hinings, 1989; Millham *et al*, 1986; Rowe, J. 1984; Vernon & Fruin, 1986). The increase in research evidence advocating the maintenance of birth family links played an influential role in the development of the Children Act 1989. Under schedule 2 paragraph 15 of the 1989 Act local authorities are required to promote and facilitate the maintenance of contact with birth parents and other key individuals in the child's life such as siblings and other relatives, unless this poses a threat to the child's safety and welfare (Department of Education, 2005).

Continued contact has been associated with a number of positive outcomes, including better overall adjustment (Hess, 1988), emotional well-being (Oyserman & Benbenishty, 1992) and self-identity (Littner, 1975). McWey, Acock & Porter, (2010) examined depression and externalizing problems of children in foster care using a subsample of data from the National Survey of Child and Adolescent Well-Being. Results indicate that more frequent contact with birth mothers was associated with lower levels of depression and lower externalizing problem behaviours. Therefore, when contact is supported, it can enhance children's emotional well-being

and development (McWey & Mullis, 2004). Scott *et al*, 2005). Arrangements surrounding contact are primarily decided by local authorities, however a fundamental philosophy under the 1989 Act, involves working collaboratively with family members and ensuring contact is shaped around the needs of the child (Department of Education, 2005). Therefore, one of the first issues which social services are faced with when a child enters into the care system, concerns maintaining contact with birth parents.

2.3 The traditional theoretical framework for contact – Attachment

Support for the maintenance of contact with birth parents has most commonly been grounded in theories of attachment (Bowlby, 1982). Research involving children who have experienced disrupted care or been deprived of care during infancy not only represents a fundamental aspect in the history of attachment theory but has also altered practice and policy in relation to how local authorities care for vulnerable looked-after children (Bowlby, 1982). Attachment has been defined as:

“the propensity of human beings to make strong bonds to particular others and of explaining the many forms of emotional distress and personality disturbance, including anxiety, anger, depression, and emotional detachment, to which unwilling separation and loss give rise” (Bowlby, 1982 p201).

Forming a secure attachment to at least one care giver is crucial for children’s social and emotional development (Ainsworth *et al*, 1978). When a child is around 7 months, a critical period has been identified in which an attachment bond has a particular focus discriminating between the familiar and unfamiliar (Rutter, 1981). Prior to this stage, a child can form attachment bonds with new caregivers, therefore those who are placed in care and removed from their primary caregiver have the ability to form new secure attachment bonds with their new caregiver during this time (Ainsworth, Blehar, Waters & Wall, 2015). The concept of attachment was initially considered in relation to infancy and early childhood, however now attachment behaviour is recognised as a continuum which evolves, develops and adapts throughout the course of our lives (Howe & Steele, 2004). Infants can

develop different patterns of attachment, associated with caregivers' responses to the infant's needs (Ainsworth *et al*, 1978; Grossmann, Bretherton, Waters, & Grossmann, 2013). Caregivers who exhibit a high degree of availability, nurture and comfort are often associated with infants with a secure attachment who reflect confidence in exploring their surroundings, promoting social-emotional development (Ainsworth *et al*, 1978). Equally, care givers who fail to express comfort, closeness and discourage proximity or who display inconsistency in their responsiveness can result in infants with insecure attachments. Behaviours often associated with insecure attachment styles include emotional management issues, specifically suppressing negative emotions or an extreme display of negative emotions (Weinfield *et al*, 2008). Maltreated children, such as many of those in care have been associated with exhibiting more insecure attachment patterns, specifically disoriented or disorganised attachments (Bakermans-Kranenburg, Dobrova-Krol & van IJzendoorn, 2012; Lionetti, Pastore, & Barone, 2015). However, the issue of attachment in relation to looked-after children and young people is extremely complex. Contact is a common requirement included in children's care plans upon entry into care for those parents who wish to regain full custody and parental responsibility of their children. Early research had highlighted the importance of continued contact with birth parents, even in cases of prior maltreatment, commonly found amongst looked-after children. The attachment bond in such cases between birth parent and child is extremely complex, and even when a secure attachment has not been established, separation can induce anxiety, distress and grief (Ainsworth, 1989). However, the extent of contact is often measured against the strength of the attachment bond, therefore it is important for practitioners to understand how to assess this complex relationship.

2.4 Complexity of assessing the attachment bond

Research has shown that the timing in which separation between a child and birth parent occurs can significantly impact children's future attachment styles. Research has also shown that children who have experienced extreme caregiving deprivation during infancy display social, emotional and behavioural disturbances impacting their development (O'Connor *et al*, 2000; Smyke, Dumitrescu & Zeanah, 2002). Severe disturbances in attachment behaviour have commonly been associated with

children who have been brought up in institutional settings, and more recently also found amongst children in foster care (Howe, 1995). The implications of breaking a secure attachment represented here by a child being removed from birth parents and brought into care has therefore led to the assumption that contact is essential in maintaining the parental bond. However, there are a number of issues which need to be taken into consideration if maintaining contact based on this premise. Firstly, assessing a complex attachment relationship between a child and caregiver would require a series of observations over a period of time, focusing on interactions exchanged between parent and child in a variety of settings and situations. Throughout observations it is also important to consider attachment behaviour as a continuum rather than distinct categories, which could involve behaviour reflected in a number of different attachment styles (Howe & Steele, 2004). It becomes even more difficult to assess attachment styles when children have experienced abuse or neglect, as the development of an attachment can take much longer to develop and can become disorganised so that the type of attachment behaviour varies across situations (Howe & Steele, 2004; Howe & Fearnley, 2003; O'Connor, 2005).

2.5 Attachment and children's ability to form new relationships

More recent research has also suggested that children can form multiple attachments including new attachments with key people in the child's life such as foster carers and adoptive parents (Kelly & Lamb, 2003; Stovall-McClough & Dozier, 2004). For example, Rushton, Mayes, Dance & Quinton (2003) examined the development of new relationships with new parents amongst a sample of 61 looked-after children aged between five and nine years. Findings revealed that 73% of children had formed an attachment relationship with their new adoptive parents or foster carers by the end of their first year in placement. Those children who were not as attached to their new parents or foster carers exhibited more emotional and behavioural problems and were also more likely to have experienced rejection from a birth parent. However contrary findings were reported in a study by McWey & Mullis (2004), in which the quality of attachment relationships amongst 123 children in care receiving contact with birth parents was examined. The study utilised a conceptual model which involved initially collecting data via case records including age of child at time of entry into care, reason for entry into care and number of placements whilst

in care. The next stage involved observational assessment via the Attachment Q Sort (AQS; Vaughn & Waters, 1990; Waters & Deane, 1985) between parent and child for 90-minute intervals. Findings revealed that in cases where reunion was the ultimate goal, children who had frequent contact with birth parents also had stronger attachment relationships than those who did not have contact. Children who also had stronger levels of attachment had fewer behavioural problems. However, it is important to note the importance of pre-care experiences here, for example children who experience lower levels of abuse, neglect and emotional, behavioural problems, and problematic parenting are more likely to have continued contact with birth parents. Such children will also have had more contact with birth parents because contact would have been seen to have been less of a risk than for their abused or neglected peers (Selwyn, Frazer & Quinton, 2006). Also, as stated before, children who have experienced forms of maltreatment may exhibit behaviour which could be categorised as a number of different attachment styles, making it difficult to simply define attachment security as either positive or negative. Therefore, careful consideration must be employed when considering the maintaining of continued contact with birth parents as research has now shown that children have the ability to form new attachments even when removed from birth parents.

2.6 Privation versus deprivation

The importance of developing a secure attachment bond for child development is beyond dispute, particularly around the critical 7-month period when the focus of attachment becomes much more specific. During this phase the child begins to discriminate between the familiar and the strange and it is during this time that the fear of strangers and separation anxiety emerges (Rutter, 1998). So, children who are taken into care before this critical stage are more likely to form an attachment bond with a new carer. Children who are separated after this stage may have already formed a specific attachment bond with a birth parent and consequently will experience loss through the breaking of this bond (Rutter, 1981), therefore it is assumed contact can provide a means as to prevent this sense of loss.

However, research has shown that in situations in which children have experienced extreme neglect, an attachment bond with a main caregiver may fail to develop (Rutter, 1998; Zeanah, Scheeringa, Boris, Heller, Smyke & Trapani, 2004). This is known as privation, which describes when a child has never had the opportunity to develop an attachment bond with a caregiver. Originally this was most commonly found in institutionalised settings (Rutter, 1998; Tizard, 1975; Zeanah *et al*, 2004). One of the most significant early studies to examine privation during infancy was conducted by Tizard (1975), which examined the effects of early institutional rearing on the behaviour and relationships of 4-year-old children. The study compared a sample of 65 children aged 4 who had been reared in an institutional setting before the age of 4 months with a group of children reared in a home setting in London. Between the ages of 2 and 4, 24 of the children had been adopted, and 15 had been returned to their natural parents, whilst 26 remained in institutional care. Within the institutional setting, although staff-child ratio was adequate staff were discouraged from developing close relationships with the children. Although most of the adopted children were reported to have developed close attachments to their new parents, a small proportion of children from the institutionalised setting were reported as having development issues due to privation, including extreme attention-seeking behaviour. These findings are extremely significant when considering the maintenance of contact with birth parents as a means of preventing loss from the breaking of an attachment bond. The reason is that the majority of the care population throughout the UK, NI and the RoI have been brought into care due to experiences of abuse and/or neglect. This then poses an important question, if an attachment bond has not developed between a child and birth parent due to neglect or abuse, can a bond then be developed as a result of contact?

Research suggests that the process of attachment formation takes an average of 2 or 3 years for children (Bowlby, 1979) therefore timing must be considered as a key issue in regard to contact and the development of an attachment bond. However, even in less extreme cases in which privation is not the case, the impact of deprivation can also impact children's attachment bonds with birth parents (Haazen & Shaver, 1994). For example, a disorganised attachment may develop in cases of

pervasive abuse and is characterised by behaviour such as a lack of understanding in relation to their own and other's feelings (Rees, 2007). If then a child has not developed a secure attachment bond with a birth parent through the experience of abuse and/or neglect, can the nature of this bond be rectified through the maintenance of contact? Although research has shown that children can develop multiple attachment bonds with key figures other than parents, research has yet to explore the versatility of the parent-child bond in situations of neglect. The complexity of such relationships means it is crucial that careful consideration is given when considering the purpose and impact of contact on children's attachment bonds with not just their birth parents, but also future carers.

2.7 Contact and reunion

When children are taken into care, the main objective for local authorities is to provide temporary safe accommodation for children, until parent and child can be reunited. Earlier research has identified a correlation between children's length of time in care and frequency of contact with birth parents (Fanshel, 1975; Fanshel & Shinn, 1978). Without contact, children may form a distorted view of their birth family impacting their self-identity (Littner, 1975). This issue of returning looked-after children home is of significant importance due to increasingly high prevalence rates of the care population particularly within the UK, NI and the RoI, which has resulted in mounting pressure on local authorities.

Although the current government drive is to achieve permanency for all looked-after children, figures show that more children were brought into care during 2017 than those who identified as ready to leave the care system (DEPRATMENT OF HEALTH, 2017). A significant factor contributing to this trend is attributed to falling figures of adoption rates, with a decrease in adoption rates across England by 12% during 2016 and a further 8% by 2017 (DEPRATMENT OF HEALTH, 2017). Bullock and colleagues (2006) highlighted the complexity associated with adoption and cautioned that it should be recognised that this permanency option may not be an appropriate pathway for all looked-after children. In a study conducted by Neil (2012), when taken the view of the child into consideration, highlighted was the need

‘to understand from children's point of view what impact adoption makes in terms of their experience of family membership and their sense of personal and family identity’ (Neil, 2012, p409). Adoption can therefore be a challenging route for some looked-after children in achieving permanency (Rushton and Dance 2006).

Alternatively, foster placements may provide children with a long-term secure and safe environment for which to form a psychosocial base. However, achieving permanency in long-term foster placements can be challenging, as parental responsibility often remains in the hands of birth parents or local authorities (Triseliotis, 2002). Research has also shown that long-term foster placements are likely to breakdown before children’s pathway to adulthood (Leathers, 2006; Sinclair, Wilson & Gibbs, 2000; Triseliotis, 2002) and consequently lead to instability. Long-term foster placements have also been associated with a number of negative outcomes, for example Leathers (2006) examined negative placement outcomes amongst a sample of 179 looked-after young people placed in long-term foster care. The study specifically concentrated on the risk for disruption using a randomised sample of looked-after young people who had been placed in foster care for at least 1 year. The study followed young people for five years through adolescence to explore placement status when the risk of disruption is highest. The association between behavioural problems and placement disruption was explored using a prospective design through foster carer and caseworker interviews. Results showed that just over 53% of young people experienced placements disruption and 31% were rated by foster parents as having conduct disorder. Therefore, achieving permanency for looked-after children is evidently sought with many challenges, however there are certain assumptions apparent throughout research and amongst practitioners with regards to reuniting children with birth parents. Probably the most commonly held assumption is that if regular contact is maintained between birth parent and child whilst looked after, then reunification is more likely to be achieved (Fanshel *et al*, 1975). Upon reviewing the literature, it seems this assumption is based on a correlational relationship, with no apparent evidence reporting a causal relationship. This assumption will therefore be discussed by examining the research evidence on this issue.

2.8 Does contact increase the likelihood of reunion?

A common belief amongst health care professionals and within the research is that if regular contact is maintained between birth parents and the child whilst they are looked-after by local authority, then reunification is more likely to be achieved. This commonly accepted theory was first suggested by Fanshel & Shinn (1978) in their study 'Children in Foster Care' which involved 624 children in foster care in New York. Results revealed that two-thirds of children who did not maintain regular contact with birth parents within their first year of care still remained in care five years later. Those children who maintained regular contact with their birth parents were then more likely to have been reunited by the end of the five years. Therefore, contact was reported as a predictive factor for reunion as children who had contact with birth parents were twice as likely to be reunited and the majority of those who did not maintain contact remained in care. This research played an influential role in a change of attitude across practice and policy, recommending contact as a key factor to discharge. Since then the study has sparked much criticism and conflicting views within the research, one of which includes a comprehensive review of the literature conducted by Quinton and colleagues (1997). The review concluded that although a relationship could be inferred between contact and reunion, the study overall failed to provide evidence that contact was a single predictive variable for reunification. Quinton and colleagues (1997) also report that certain variables were actually stronger predictors of discharge than contact, including caseworker's contact rate and caseworker's evaluations of the mother and child behaviour. Therefore, results could be interpreted as caseworkers being more likely to support contact when mother and child behaviour is less problematic and in such circumstances contact and reunification is more likely to occur. The variable contact only accounted for 5% or less of the variance at each follow (Quinton *et al*, 1997), and so does not support the conclusion that contact is a predictive variable of reunion. Since then there remains a deficit in the literature with regards to contact and reunion, despite governments drive for permanency for looked-after children (Boddy, Statham, Danielsen, Geurts, Join-Lambert, & Euillet, 2014).

The next influential large-scale study which investigated contact and reunion was Millham *et al*'s (1986) *Lost in Care* study, which involved a sample of 450 children entering the care of local authority. Results showed that 75% of children who were reunited with birth parents within 6 months of entry into care, had regular contact visits with birth parents. However, upon reviewing the literature both Quinton *et al* (1997) and Biehal (2007) concluded that research by Fanshel & Shinn (1978) and Millham *et al* (1986) was true at a descriptive level, but that causation should not be implied and that these two studies lacked robust empirical support. For example, reasons pertaining as to why children were taken into care in the first place did not seem to be considered by Millham and colleagues (1986). This is important as children in care who are more likely to be reunited with birth parents, are also more likely to have better behaviour and stronger attachments as they tend to be from less abusive and dysfunctional environments (Hashim, 2009). Barber and Delfabbro (2004) further support this viewpoint as they highlight that the reasons why the child is in care and the relationships that the child has with their family is likely to impact the amount of contact the child has with their birth family. This in turn also has an impact on the likelihood of reunification (Barber & Delfabbro, 2004). Therefore, those children who come from less abusive family environments are more likely to have stronger attachments to their birth parents and more frequent contact. The relationship between contact and reunion is then correlational and dependant on a number of variables including case workers own role in supporting contact between birth parents and child (Biehal & Wade, 1996; Dickson *et al*, 2009; Larkins *et al*, 2015) attachment relationships and pre-care experiences (McWey & Mullis, 2004).

2.9 Caseworker expectation as a predictive factor of reunion

Although contact can play a role in achieving reunion when taken into consideration with other variables, an important component which has been identified in more recent research as being a key factor to reunion is having a restoration plan from the outset (Scott, O'Neill & Minge, 2005). A care plan is drawn up when a child first enters care, detailing the process of contact and can include the involvement of social services, birth families and children or young people themselves. The importance of developing an individual care plan for each child is essential as unsuccessfully managed contact arrangements can result in distress to the child and others involved

such as other family members (Scott, O'Neill & Minge, 2005). Leathers (2002) examined the relationship between practice, parental contact and the likelihood for family reunification with a random sample of 230 twelve- and thirteen-year-old children placed in traditional family foster care, their foster parents and caseworkers. Telephone interviews were conducted to test the association between frequency of contact and the likelihood of reunion, to replicate the results of previous studies that have shown frequency of contact to be a strong predictor of reunion. Results revealed that caseworkers' predictions of reunion between child and birth parent were accurate with almost half the children returning home as predicted, while those who were not expected to return home remained in care. A significant association between length of time in care and caseworkers' expectations was also identified, with case workers having lower expectations of reunion the longer a child remained in care. Contact which took place in the mother's home was also a significant predictor of caseworkers' expectations of reunion, as was mother's involvement in aspects of the child's life such as case reviews, school meetings and doctor's appointments. It was assumed that contact which took place within the mother's home was viewed as a predictive variable of reunion as this type of contact often takes place in an attempt to transition a child from placement to reunion. Mother's involvement in aspects of the child's life such as case reviews was assumed to be a predictive factor of reunion due to the motivation it portrayed to get their child returned home. Therefore, even when the frequency of contact was accounted for, case worker's expectations of reunion based on maternal involvement was strongly associated with reunion.

Similar results have also been recognised in a major longitudinal study conducted by Wilson & Sinclair (2004) investigating issues surrounding contact amongst a sample of 596 foster children in England. The findings revealed that when individual care plans did not identify reunion as an objective from the outset, then contact did not serve to increase the likelihood of reunion between child and birth parent as case workers in the study did not view reunion as being the main purpose of contact. However, when a restoration plan was implemented then frequent contact was identified as an important factor in achieving reunion. The authors recognised that

when there is a likelihood of reunion then contact should be encouraged however contact as a stand-alone variable was not enough to increase a child's likelihood of being returned home. As stated, "*The visits themselves are associated with return home. It is not at all clear that they cause it.*" (Wilson & Sinclair, 2004, p. 170).

2.10 Is reunion always successful?

While there is a current government drive to achieve permanency for all looked-after children, it should not be assumed that reunion is always the best option.

Throughout the research there is growing evidence that returning home may result in unsuccessful outcomes such as re-entry into care. Thoburn and colleagues (2010) highlight children in the system who 'yo-yo' in and out of care, that is those who are returned to care after unsuccessful attempts at permanency. In fact, Sinclair, Baker, Wilson & Gibbs (2005) suggest rates of re-entry into care after failed reunion with birth parents can range from 37%-47% according to studies conducted across England (Biehal, Sinclair & Wade, 2015).

Research has shown that children who return to care after failed reunion with birth parents are unlikely to be returned to previous carers, their likelihood of being adopted is low and are highly likely to experience placement breakdown, subjecting them to further instability (Sinclair *et al*, 2007). Biehal *et al* (2015) explored outcomes and decision-making processes surrounding reunion for looked-after children. The study involved 149 maltreated children admitted into care in England and compared a sample of children who had been returned home with those who had remained in care. Results revealed that after six months, those children who had returned home were associated with reports of concern for the child's safety. Concern about the child's safety had been recorded for 52% of those who had been returned home, compared to 16% of those who remained in care. There was also evidence of re-exposure to neglect, physical, emotional and sexual abuse for those who had been returned home. In contrast, those children who remained in care revealed no evidence of maltreatment by caregivers, as recorded concerns were related to safety during contact with birth parents and behavioural issues such as running away. Similar results were also identified by Farmer (2014) reporting a

higher re-abuse rate of 46% for children returned home over two years. Wade & colleagues (2011) also compared maltreated children who returned home with those who remained in care and found reunion to be associated with instability, as only one third of those who were returned home remained continuously at home over the next four years. Looked-after children who remained within the care of birth parents after reunion also did less well (on a global measure of well-being at the time of the four-year follow up). With growing evidence of the negative outcomes associated with reunion, it is therefore essential that restoration plans and decisions surrounding contact with birth parents is carefully considered on an individual basis taking into consideration experience of prior abuse and neglect (Thoburn, 2010).

While research findings have identified that greater contact is associated with reunion, no casual evidence can be found. In fact research has revealed a number of confounding variables associated with reunion such as caseworker's effective planning, (Sinclair *et al*, 2005; Wilson & Sinclair, 2004) the quality of contact itself (Farmer *et al* 2004) and pre-care characteristics such as a strong attachment bond between mother and child, no experience of significant neglect and parent's physical illness as the reason for children entering into care (Cleaver, 2000). These findings bare weight on current legislation and practice which encourages contact in order to ultimately achieve reunion. However as discussed, reunion with birth parents must also be carefully considered as a permanency option for each child as this route can result in re-exposure to neglect and abuse and instability. Therefore, children's safety and well-being must be paramount when care plans are put in place as reunion may not be the most stable or safe option for many looked-after children.

2.11 Contact & placement stability

Upon reviewing the literature, there is no doubt that the impact of children's relationships with their birth parents can impact placement outcomes. However, the issue of the impact of contact on placement stability is one which has been strongly debated throughout the research for some time (Quinton *et al*, 1997; Quinton *et al*, 1999; Ryburn, 1999) presenting a complex view of the overall topic. A common theoretical assumption is that maintaining contact with birth parents can have a

significant impact on the stability of placement for children, therefore contact should be encouraged, (Berridge & Cleaver, 1987; Sen & Broadhurst, 2011) yet there seems to be a lack of research with a specific focus on this association (Quinton, 1997). One of the few studies examining contact as a predictive variable for placement stability is a study conducted by Berridge and Cleaver (1987), in which results showed that placement stability was more likely to occur when contact with birth parents was encouraged and the relationship between birth parents and social workers was positive. Results also showed that placement breakdown was three times more likely to occur when contact with birth parents was limited. However, other factors were also found to be associated with the breakdown of placement. This included carers having younger children and carers own children being within 5 years of the fostered child. Quinton (1997) suggested contact restrictions and its association with placement breakdown in Berridge and Cleaver's (1987) study may also have been a result of increased levels of disturbances in children due to exposure to poor parenting impacting their emotional and behavioural health and overall placement stability. Similarly, an early study conducted by Fratter *et al* (1991) also suggested contact to be an influencing factor on the stability of placement, in a study examining 1165 permanent placements. However, as with previous studies, other variables were found to be more strongly correlated with placement stability, including the extent of children's emotional and behavioural difficulties and the child's age. Therefore, contact alone was not found to be a predictive variable of placement stability. In light of this, conclusions regarding the impact of contact and placement stability can therefore only be drawn in conjunction with other factors such as pre-care experiences and placement characteristics.

2.12 Challenging contact and its impact on placement stability

In contrast to these results, other research has suggested that maintained contact with birth parents, may have a negative impact on placement stability for children (Moyers *et al*, 2006; Sen & Broadhurst, 2011). For example, Macaskill (2002) found that although most cases of contact were encouraging, in one in seven cases, contact with birth parents was associated with placement disruption and that contact triggered extremely distressing feelings in children. Moyers *et al* (2006) conducted a one year prospective study aiming to identify factors which contributed to good

outcomes for young people in care with a sample of 68 adolescents who had recently moved to a new foster placement. Results showed contact difficulties were associated with placement disruption with over half (56%) of young people experiencing placement breakdown when contact was reported to have problems. Contact with birth parents, which was viewed as problematic by health care professionals, was also associated with placement breakdown, (Moyers *et al*, 2006) as has also been found with unsupervised contact with birth family members (Sinclair *et al*, 2005).

The emotional and behavioural impact of contact which can be characterised as irregular was highlighted by Browne & Moloney (2002) in a study investigating the effects of parental contact sessions on children in foster care. Results showed that children who received inadequate amounts of contact due to parent's behaviour were left feeling incredibly emotional, some becoming uncharacteristically quiet, whilst others would display externalising behavioural problems. These results are important as factors such as externalising behavioural issues can play an important role in placement stability (Browne & Moloney, 2002). Therefore, problematic contact can be a significant risk factor for placement stability amongst looked-after children and young people.

2.13 Other factors associated with placement stability

It is apparent that there is no evidence to suggest that contact is a single predictive variable of placement stability. Other factors such as pre-care characteristics and placement factors also play an important role in children's placement experience. For example, research has identified the impact of foster carer's involvement in contact sessions with birth parents and placement stability (Strijker, van Oijen & Knot-Dickscheit, 2011). The development of a positive relationship with caregivers, characterised by love, sensitivity and care (Schofield *et al*, 2000) has been associated with placement stability (Strijker, van Oijen & Knot-Dickscheit, 2011), lower levels of externalising behaviours (Cheung *et al.*, 2011) and increased self-esteem and self-worth (Baldry & Kemmis, 1998; Luke & Coyne, 2008).

In a study conducted by Oke, Rostill-Brookes & Larkin (2013) carer attributes associated with placement stability were explored amongst a group of foster carers who had maintained stable placements for young people who had not been expected to settle. In all cases, understanding what their foster child experienced during contact with birth parents and helping young people cope with their identity in terms of their place in the different family structures they belonged to, attributed to placement stability. In contrast, placement breakdowns can potentially have a detrimental effect on young people's self-esteem and willingness to form new attachments with future foster carers (Butler & Charles, 1999). Placement breakdown can result in young people experiencing a lack of trust with their carer's and can also contribute to their sense of belonging and happiness (Selwyn, Wood & Newman, 2016). Therefore, the impact of experiencing placement disruption can result in factors which may impact future placement status, such as a lack of trust in carers and externalising behavioural issues.

2.14 Kinship care and contact

At present the nature of contact with birth parents for children in kinship foster care placements represents a relatively new area therefore research remains limited (Kiraly & Humphreys, 2016). Kinship care involves children who are placed with relatives, therefore contact with family members is often promoted and more frequent and relaxed than those in foster care (Farmer & Moyers, 2008; Holtan *et al*, 2005; Roth *et al*, 2011). A significant difference between kinship foster care and non-kinship foster care is that it can provide a method of a continuing sense of family inclusion and membership even when in the care of local authority (Kiraly & Humphreys, 2013). For example, Berrick and colleagues (1994) compared outcomes associated with kinship placements and foster placements in California involving 246 kinship carers and 354 foster carers. Findings revealed that contact visits with birth parents were more frequent for those children placed in kinship care placements with 56% reporting regular contact sessions compared to 32% in foster care placements. A study by Holtan & colleagues (2005) also investigated child psychiatric issues and placement factors amongst children placed in kinship placements compared to those in non-kinship foster placements. The study included carers of 214 children in care aged between four and thirteen. Findings revealed

children in kinship placements had more frequent contact with birth parents as well as lower total problem scores than those in foster care placements. Overall the literature suggests contact arrangements for children placed with relatives tends to be more frequent and have a more relaxed feel.

2.15 Outcomes associated with contact in kinship foster care

Contact between children and birth parents in kinship foster care has also been associated with maintaining important emotional ties (León & Palacios, 2004). However, the experience of contact presents distinct issues in relation to kinship care placements due to complex family dynamics (Boetto, 2010). Some issues associated with continued contact with birth parents include conflict issues between kinship carers and birth parents (Boetto, 2010), procedures not being formally followed by birth parents (Jackson, 1996) and safety concerns (Farmer & Moyers, 2008; Hunt, Waterhouse & Lutman, 2008; Peters, 2005) particularly in the absence of professional supervision (León & Palacios, 2004). Research has also suggested that children in kinship placements tend to remain in care longer than those in foster placements and that reunion is less likely to occur than those placed in foster care (Gleeson, O'Donnell, & Bonecutter, 1997). A study conducted by Terling-Watt (2001) investigated factors contributing to placement outcomes in kinship foster care. Child protective services stated that the most commonly identified factor contributing to placement disruption in kinship foster care was the influence of birth parents. Reasons associated with placement disruption and parental involvement included relatives being unable or unwilling to impose and maintain contact restrictions between the child and birth parent, carers feeling frightened of receiving hostility from birth parents and carers failing to understand or believe the potential safety issues the parent represented.

2.16 Contact and individual differences

Through reviewing the literature, it is apparent that certain individual differences have been identified as being impacted by, or having an impact on contact. Children in care who have experienced maltreatment in some form including abuse or neglect may suffer developmental difficulties due to the exposure of stress and complex

trauma (Ungar 2013). This form of exposure can impact children's resilience, involving their ability to use personal resources such as optimism to cope with particular stressors (Ungar, 2005). Resilience for looked-after children, is not just a predisposed construct, but also refers to protective factors which help children cope with the experience of maltreatment, adversity and social disadvantage (Gilligan, 1999). Rutter (1987) identified three aspects to resilience: a sense of self-esteem and self-confidence, a sense of self-efficacy, and social problem-solving skills. However more recently and specific to looked-after children's development and well-being, Gilligan (1997) categorised three 'building blocks of resilience' including child's sense of a secure base, child's self-esteem and child's sense of self-efficacy. Resilience is particularly significant for those who have experienced trauma, such as many looked-after children. Across the literature the most fundamental factors which predict resilience have been identified within three main categories. The first is associated with individual factors such as high levels of cognitive ability, the second relates to factors within the child's home life, for example socio-economic status and education and finally levels of social support (Fonagy, Steele, Higgitt, & Target, 1994). Essentially, the literature suggests that looked-after children who maintain higher levels of resilience would be better equipped to manage emotions surrounding the experience of contact, however no research has investigated this specific relationship.

Although, there is also a growing body of literature on resilience and looked after (Clayden & Stein, 2005; Dent & Cameron, 2003; Flynn, Ghazal, Legault, Vandermeulen, & Petrick, 2004; Lambert, 2001) the majority of literature surrounding resilience in looked-after children is retrospective with a focus on factors relating to successful academic attainment in high achieving individuals, based on self-reports (Rees, 2012). One of the few studies which explores children's ability to cope with contact was by Howe and Steele (2004) in which they reviewed a wide range of research and concluded that regular contact with birth parents can be beneficial for looked after children under certain circumstances and in consideration of children's ability to cope with the experience. The review stated that children who display disorganised attachment patterns are likely to be retraumatised by

contact with adults who abused them (mainly parents). Such contact can undermine any opportunity to improve upon mental representations of relationship experiences and achieve security in their new placement. They recommend cessation of contact in the short term, and argue that contact should only be resumed when children have achieved a degree of security and the ability to cope with impact of contact.

Although the specific domain of resilience was not a key factor within the review, the study at least considers the significance of this individual difference.

As children get older individual differences such as resilience, self-perception and cognitive ability can play an important role in coping with stressors associated with the experience of maltreatment and being in care (Rees, 2012). Toddlers over the age of 2 have increasing cognitive ability, allowing for more preparation and increasing capacity for coping with stressful experiences (Atwool, 2012). However, exposure to trauma such as that often experienced by looked after children can create a significant risk in potentially delaying such cognitive development meaning factors from outside and the ability to form secure attachment relationships is crucial in helping children cope with stressors, trauma and to develop healthily (Dozier and Rutter (2008). For looked-after children, the development of a deep and meaningful relationship with a foster carer can specifically contribute to a young person's emotional well-being through the experience of love and sense of belonging and their ability to cope with certain life stressors (Chase, Maxwell, Knight & Aggleton, 2006). Literature suggests maintaining a stable relationship with a key individual is crucial for children's overall well-being (Bell, 2002). Therefore, factors such as social support and the ability to form secure attachment relationships can play an important role in enhancing children's resilience and their ability to cope with important situational factors associated with being in care (Gardner, 1996; Hegar, 1988; Herrick & Piccus, 2005; Lundström & Sallnäs, 2012; Sen & Broadhurst, 2011; Shlonsky, Webster & Needell, 2003; Whelan, 2003).

Direct concurrent investigations on individual differences and the experience of contact are limited. However, a study by Rees (2012) incorporated a multidimensional population-based design to assess 193 looked after children aged 7–15 years in core domains; mental health, emotional literacy, cognitive ability and

literacy attainment. Measures included the Strength and Difficulties questionnaire, Emotional Literacy Assessment and Intervention Inventory, and the British Ability Scales. The children's data were compared with general population norms and existing research studies. The incidence of resilience, defined by the fulfilment of positive exception criteria, was recorded. Children fulfilling positive exception criteria were then compared to the remaining children on key factors. Although the study did not focus on the experience of contact, results were still significant in terms of individual differences across looked and children and their ability to cope and develop. Literature suggests that certain positive aspects in looked-after children's lives can also enhance other parts of the child's life in a positive manner. For example, when a child in care has developed a secure attachment bond with a foster carer, this may have important implications on the child's social connectedness with peers (Martin & Jackson, 2002), and as peer relationships have been associated with increased academic achievement amongst looked-after children (Martin & Jackson (2002), this could ultimately improve children's long-term prospects such as of gaining employment in adulthood. The direction of such factors can often be interpreted as a running cycle determined by individual differences. For example, literature has identified the significance of placement disruption on children's well-being (Barone, Dellagiulia, & Lionetti, 2016; Deborde *et al*, 2016; Fanshel & Shinn, 1978; George, 1970; Ford, Vostanis, Meltzer & Goodman, 2007; Howe & Steele, 2004; Howe & Fearnley, 2003). Although it is clear that further investigation is needed in relation to individual differences and how these correlate with children's experiences of contact, it is clear that individual differences such as resilience amongst looked-after children can be important in determining outcomes associated with contact and attachment relationships which play a crucial role in children's overall well-being.

2.17 Conclusion

Although policy and early research would promote the maintenance of contact with birth parents, due to a paucity of research evidence addressing the short and long-term effects of contact, the debate on the benefits of contact with birth parents remain equivocal (Rutter, 2000). Amongst this debate, more recent research has suggested that contact can actually have damaging effects on children, with contact

in some cases resulting in emotional distress (Morrison *et al*, 2011; Moyers, Farmer & Lipscombe, 2006) and contributing to emotional and behavioural problems (Mennen & O'Keefe, 2005; Morrison *et al*, 2011; Moyers *et al*, 2006; Neil, Beek & Schofield, 2003). Other research has reported children experiencing stress and rejection as a result of contact (Moyers, Farmer & Lipscombe, 2006; Neil, Beek & Schofield, 2003) and reports of behavioural problems including experiences of violent behaviour from children prior to and after contact (Mennen & O'Keefe, 2005; Morrison, Mishna, Cook, Aitken, 2011; Moyers *et al.*, 2006).

Overall it seems conclusions regarding the impact of contact with birth parents for looked-after children remain inconclusive and divergent. However, what is evident upon reviewing the literature is the need to address the complexity of pre-care attachment relationships. In a review of the literature conducted by Boyle (2017) on the impact of contact on long-term foster care and adoption, it was reported that contact which resulted in exposure to further abuse, had implications on children's behaviour (bedwetting, sleep problems and hyperactivity) and attachment behaviours. The review reported that in incidents where children continued to experience parental rejection during contact sessions, this would cause a relapse in their behaviour to that which is associated to an insecure attachment style such as defiance and becoming withdrawn. This firstly highlights the complexity of attachment behaviours in cases of maltreatment as attachment behaviour can become disorganised and vary across different situations and in response to certain triggers such as the exposure of further abuse or rejection during contact (Howe & Steele, 2004; Howe & Fearnley, 2003). This also highlights the need to consider pre-care attachment relationships on an individual basis. If an attachment has not been formed between parent and child, or a disorganised attachment bond due to maltreatment has been assessed, then decisions regarding the purpose of contact in the best interest and safety of the child must properly be addressed.

One of the most fundamental outcomes associated with contact is the increased likelihood of reunion. Early research highlighting this association has led to a

common belief amongst health care professionals that regular contact should be maintained to promote reunification. However, upon reviewing the literature it seems research on the area is not as transparent as what was once believed. Other variables such as caseworker's contact rate and caseworker's evaluation of the mother and child behaviour have been identified as stronger predictors of discharge than contact (Wilson & Sinclair, 2004). Results overall highlight an important factor which must be taken into consideration for each individual case, which is whether reunion should be the main purpose of contact. For example, children in care who are more likely to be reunited with birth parents, are also more likely to have better behaviour and stronger attachments as they tend to be from less abusive and dysfunction environments (Hashim, 2009). Therefore, the purpose of contact for children in short-term placements would be substantially different as would the characteristics of the children themselves in comparison to those who's are not likely to be returned to birth parents. For those children in short-term placements, contact should be utilised as a tool to help maintain important links and rebuild relationships. However, for those in long-term placement when reunion is not an option, the purpose and arrangement of contact must be carefully considered to avoid exposure to further upset, abuse or neglect (Boyle, 2017).

Given the ambiguous research evidence regarding the benefits of contact, the methodological weaknesses throughout the research and recent evidence highlighting the adverse outcomes, specifically emotional and behavioural problems associated with looked-after children and contact, it appears such research is inadequate and may prove difficult and confusing for those legal authorities and practitioners whose responsibility it is to make formal decisions. It seems exploring the phenomenon as in-depth as possible is an essential contribution for current literature. Therefore, to address these issues, integrating quantitative and qualitative approaches as part of a mixed-methods sequential research design will provide an in-depth and comprehensive understanding on the overall issue of contact with birth parents for looked-after children and add to the limited research evidence available on the issue. The inclusion of perspectives from the young people themselves will provide insightful information for practitioners, by exploring the impact of current practice

and decision-making processes, as well as highlighting important aspects of practice, such as contact processes, which have an impact on looked-after children (Stevens & Boyce, 2006; Sinclair, 1998). The main factors identified by the young people themselves will then be further explored using a survey-based questionnaire. This will help to identify what factors impact not only contact, but also children and young people's overall well-being.

Chapter 3: Exploring issues surrounding contact with birth parents using semi- structured interviews

3.1 Introduction

What was once a relatively neglected area, the growing body of research with a specific interest in contact with birth parents is reflective of the government's broader concern regarding the negative outcomes associated children and young people under the care of local authority (Jones *et al*, 2011). Such outcomes include conspicuously lower educational achievement in comparison to the general population (Berridge, 2007), higher prevalence of physical and mental health issues compared to those not looked-after (Meltzer, Gatward, Corbin, Goodman & Ford, 2003) and poor long-term outcomes stemming into adulthood including homelessness, the likelihood of having a conviction and poorer general health (Viner & Taylor, 2005). With mounting pressure on restricted resources for children's service staff and increasing figures of looked-after children populations within the UK (Biehal, 2007), exploring practice implications and developmental outcomes for those children and young people who are looked-after is becoming an increasingly significant issue within the research. Consistently reported throughout the research by looked-after children themselves is the importance of contact and one of the first issues which social services are faced with when a child enters into the care system, concerns maintaining contact with birth parents.

It has been suggested that most research evidence highlighting the issue of contact is based on foster carer and child health care professional's reports and that there is a need to include the views of the children and young people themselves (Fox, Frasch & Berrick, 2000; Steven & Boyce, 2006). For example, findings from Ofsted's (2009) consultation involving 370 looked-after children and young people reported that these children called for stronger rights in relation to the topic of contact. In particular children felt they needed more support in establishing and maintaining contact with key individuals in their lives whom they had lost contact with in coming into care such as family members and friends. However, the views of looked-after children and young people themselves remain defectively underrepresented throughout the research, pertaining a large methodological gap (Stevens & Boyce, 2006; Tarren-Sweeney, 2008), specifically in relation to an extremely complex and on-going debate concerning opposing stances throughout the research on the

proposed outcomes of continued contact with birth parents (Biehal, 2007). The involvement of children and young people in research and care planning has been identified as so important that it is now a fundamental requirement for the development of policy (Ward, Skuse & Munro, 2005). The inclusion of perspectives from the young people themselves can provide insightful information for service reviews by exploring the impact of current practice and decision-making processes, as well as highlighting important aspects of practice, such as contact processes, which have an impact on the over well-being of those looked-after (Stevens & Boyce, 2006; Sinclair, 1998).

Although research and the planning of care is increasingly including the involvement of children and young people (Sinclair, 1998) it seems young people still feel they should be entitled to more rights with regards to decision making associated with contact (Dickson, Sutcliffe & Gough, 2009; Ofsted 2009). Similarly, in a study conducted by Munro (2001) exploring the views of children about their experience of being looked-after and how much influence they felt they had regarding decision making, the majority of children highlighted the issue of contact with birth parents. Most of the children in the study felt dissatisfied with the amount of contact they were receiving and also their involvement in decision making regarding contact. In a survey conducted by the 'Voice of Young People in Care' (2014) over a period of three years (2011-2013) involving 333 looked-after young people in Northern Ireland, contact was consistently identified as the most important issue to young people. The survey highlighted the need for more research on the effects and impact of contact in order to help guide and support young people. On reviewing the evidence, it seems crucial that more research is needed with a particular focus on the views of young people on issues surrounding contact with birth parents in order to better support the needs of young people through the initial decision-making process, to emotional and practical support during their journey in care.

Aims of this phase

Therefore taking into consideration the ongoing debate surrounding the impact of contact with birth parents, the methodological weaknesses and the lack of robust research from the perspective of young people themselves, and contact being consistently identified throughout the research as one of the most important issues for young people in care (Timms & Thoburn, 2006), the purpose of this phase was to address this issue by gaining an understanding of young people's perceptions of contact with birth parents. By exploring the ways in which young people are affected by contact and what factors impact this experience, the research will provide an insight into what circumstances and issues are likely to have potentially beneficial or damaging outcomes for those young people who are directly affected by the issue. This phase will also explore the psychological and social issues surrounding contact with birth parents and the ways in which this experience can impact different aspects of the young people's lives. The inclusion of young people's perspectives can inform current literature by providing important experiential and systemic dimensions, from both shared and distinct standpoints. As such literature on this issue has been previously criticised for excluding the voice of the child, this study offers rich, first-hand and detailed accounts of contact experiences, procedures and outcomes as experienced by the young people themselves most effected by the issue.

3.2 Methodology

Due to the exploratory nature of the research question and with the objective of investigating complex and diverse individual understandings and experiences, it felt appropriate to employ a qualitative methodological approach. In recent decades, the use of qualitative methodology in psychology has established a dramatic increase in commitment and acceptance (Smith, 2004). Those utilising a qualitative approach claim this method allows more value-bound research, with explanations and understandings generated inductively from the data (Guba, 1990). Qualitative research allows for an interactive and humanistic approach, which prescribes an emergent rather than rigid prefigured type of analysis, suitable for exploring a range of diverse experiences within the broad research question of the study. Qualitative research is also more subjective in nature than quantitative, often cited as a criticism of the analysis (Madill, Jordan & Shirley, 2000) with an important aspect being the interpretative quality of this type methodology.

Fundamentally qualitative research is concerned with meaning (Willig, 2013) and interpreting how individuals make sense of their external environments, therefore how events are interpreted, and the meanings ascribed to certain events by participants contributes to the qualitative process (Willig, 2013). An important aspect of qualitative research is also the importance of interpreting the meanings of actions within a social context, inducing a more holistic approach, with participant's understandings and perceptions being central to the process. Whilst qualitative methods can provide rich, in-depth data characterised by the exploration of distinct and contrasting perspectives, at the same time linked by shared experiences, it does not come without its criticisms. Engaging in qualitative methodologies can be particularly time-consuming, specifically in the analysis phase of the research. This approach has also been critiqued for the small samples sizes often employed in qualitative research, meaning results generally cannot be applied to the wider population (Grix, 2004). The amount of subjectivity involved in the analysis process has also been viewed as a major criticism for devoting a qualitative approach, as analysis involves reflexivity (Griffin, 2004) and the researchers own interpretations of how and what findings represent. However, the reflexivity involved in this

process necessitates and acknowledges an awareness of the researcher's contribution to the interpretation of meanings expressed by participants (Willig, 2013).

Therefore, the researcher's role is intricate in expounding the meanings participants express.

Although quantitative research has the capacity to provide a broad analysis of phenomena which can be replicable and generalizable, qualitative research allows investigation of the meanings prescribed by individuals within social contexts and how individuals make sense of phenomena under investigation. What is fundamental to any research is the use of appropriate methods in relation to the research question under investigation. Therefore, the advantages of qualitative methodology being that it can uncover and explore the meaning of people's experiences in a social context and the importance of relationships in individual's lives, this methodology felt appropriate to address the central topic of contact with birth parents and the experiences of looked-after children.

Participants and Sampling Procedures

Participant recruitment was facilitated by Voices of Young People in Care (VOYPIC) which is a charity organisation, set up in 1993 that works throughout NI with premises located in Belfast, Ballymena, Lurgan and Derry. Their mission is to empower and enable children and young people with an experience of care to participate fully in decisions affecting their lives. They promote the rights of young people, provide support and guidance and ultimately aim to improve the lives and outcomes associated with young people in care. The inclusion criteria for the current study involved participants which were currently looked-after by local authorities and between the ages of 10 and 25 years. This was to ensure that all participants had experience of being in care, including those entitled to Leaving Care Services under Article 35 of the Children Order. As this is an exploratory phase, the aim was to investigate this topic with a small number of participants to gain initial evidence about the issue of contact and not seeking to generalise to the wider NI population.

An information sheet was designed and distributed by VOYPIC staff to all children and young people who are currently involved with VOYPIC. Participation was voluntary and those who expressed interest were instructed to contact the researcher via email/ telephone or to speak to their local VOYPIC staff to discuss the study in more detail and address any queries or questions they may have before deciding if they wished to participate. Potential research participants were reminded that they were free to withdraw from the study at any stage before and during the interview process. On receiving a positive response, the interviews were then arranged at a time convenient to the young person and located within the young person's local VOYPIC office. The research team never had access to any personal information of those young people who did not wish to participate in the study.

Procedure

The researcher conducted a semi-structured, recorded interview lasting a maximum of one hour with each individual participant, and asked participants to describe their experiences of contact with birth parents. The content of the interview schedule was based on open ended questions, where participants were also asked what had been helpful and unhelpful in their contact experiences and how the experience impacted other aspects of their lives. Minimal probes were used, only to encourage participants to elaborate on their experiences and to enhance the richness of the data such as 'how did that make you feel'. The interview schedule, which was used as a heuristic framework, was applied and updated accordingly throughout the process, to ensure its applicability for the specific topic and individual participant accounts. This meant themes which derived from each interview, which helped to influence the types of questions which were asked in subsequent interviews such as 'Tell me about your experience of contact with siblings'. To capture variation in individuals' responses, the use of broad yet minimal probing questions such as 'how did that make you feel' allowed participants to portray their interpretations and experiences within the structured topic of contact. It was also important to remain critically reflective around the types of questions which were asked, to ensure questions could not be interpreted as leading. To help address this issue and add rigour to the data

collection process, potential interview questions were discussed with the research team and interpretations were considered prior to each interview.

An example of the interview process

Participants taking part in the study were invited to an interview in their local VOYPIC office to describe their experiences of contact. A digital recorder was set up in the room prior to the participant entering. When the young person entered the room, they were reminded that their participation was entirely voluntary, and should they wish to suspend the interview at any stage their data would be excluded from the research. After introductions, all participants were asked the same broad question to begin with which was to describe their experiences of contact. As this study was explorative, a prompt sheet for an initial interview encompassed main themes surrounding contact as identified from the literature. However, the interview was steered by the interviewee and resembled more a conversation, prompts were amended as themes emerged throughout participants accounts. It should be noted that prompt questions were used merely on the basis of engaging in a conversation about participant's interpretations and experiences of contact. These were not intended to be prescriptive and certainly not limiting in the sense of overriding the expressed interests of the participant. It was important that the participant took the lead during the conversation, which resulted in extremely rich data. The role of the interviewer remained partial at all times and verbal engagement in the conversation was steered by minimal prompting questions to encourage further detail. Only during the data analysis process were the interviewer's own interpretations of how participants interpreted their experiences considered and recognised. Once the interview came to a natural conclusion, participants were directed to sources of support in the event that the interview may have caused any upset, however no participants felt the need. All participants were asked for feedback on how they found the process and encouragingly all found it a comfortable experience.

Having interviews take place within the young people's local VOYPIC offices not only helped to provide a sense of familiarity and naturalistic approach to the process,

but also enforced a sense of security for the young people as given the nature of those looked-after, home environments may be a place of discomfort. Having VOYPIC staff on hand also provided the young people with a sense of reassurance, as participants were reminded that they could suspend the interview and withdrawal at any stage. Although the research was intended for a small sample of participants, the total number of participants was selected once data saturation had been achieved. Saturation was determined by the themes identified within participant's accounts, in which the key issues which had emerged about contact with birth parents had been saturated and no further or new information was being elicited (Fusch & Ness, 2015). This resulted in a total of 7 participants taking part in the current study.

Support was offered to all participants following interviews, which included staff on hand during the interview process and contact details to specific help-lines. Support was also recognised as extremely important for the interviewer as some sensitive and emotional issues were discussed by young people throughout the data collection process. Throughout the data collection process, participants were invited to provide feedback by describing their views on the interview experience itself, and to reflect on the questions which were asked and if these felt appropriate. All participants found the experience to be comfortable, with many stating they found the experience to be positive and thought provoking. One participant felt some of the questions were repetitive, particularly in relation to being asked how certain experiences had made her feel. Therefore, such feedback was taken on board by the research team and questions were adjusted for future interviews.

Profile of Participants

In all, 7 care-experienced young people took part in this phase of the research. The sample consisted of 4 young people still in care and 3 young people in after-care. Of the 7 young people taking part in the study, 1 was male and 6 were female. There was a range of ages, as 4 participants were under the age of 18 and 3 were 18 and over, the mean age was 18. All young people lived in NI in different towns and cities, many of which had moved throughout their time in care due to placement

changes. The young people lived in various types of care placements including foster care and kinship foster care, with some foster placements developing into kinship placements. The actual time spent in care varied amongst the participants, with one participant having been in care a year and a half, and others most of their lives. The mean time spent in care was approximately just over 7 and a half years. All participants had experienced continued contact with birth parents whilst in care, however experiences of contact varied significantly amongst participant's accounts and throughout their time in care, with some young people having contact at least once a week, whilst others having contact 4 times a year. Some young people also chose to suspend contact altogether, whilst others requested more frequent sessions and longer in duration. The following table describes demographic details of each participant in relation to their care experience.

Table 3.1 Participant demographics

	Age	Type of care being received	Length of time in care	Type of placement
Peter	23	After-care	8 years	Kinship foster care
Michelle	21	After-care	17 years	Foster care turned kinship foster care
Emma	18	In care	4 years	Kinship foster care
Donna	17	In care	7 ½ years	Foster care
Tina	17	In care	Approximately 16 years	Foster care turned kinship foster care
Stephanie	16	Returned home/ after-care	6 years	Foster care before being returned home
Lucy	15	In care	1 ½ years	Foster care

Data Analysis

There is a range of qualitative approaches available to use in research which aims to explore individual's accounts in relation to specific phenomena (Banister, Burman, Parker, Taylor, & Tindall, 1994). However, the most appropriate method of analysis consistent with the aims of the current study was 'interpretative phenomenological analysis' (IPA) as this method is concerned with portraying and exploring the meanings and processes of individual perspectives (Jarman, Smith & Walsh, 1997). IPA involves investigating how individuals make sense of phenomena and as it is phenomenological in nature, it explores and comprehends lived experiences. Therefore, this approach is concerned with how individuals engage and reflect on significant experiences in their lives.

The theoretical foundations of IPA encompass three key areas: phenomenology, hermeneutics and ideography (Smith, Flowers & Larkin, 2009). The phenomenological philosophy is concerned with understanding of lived experiences. The hermeneutics approach is concerned with the process of interpretation and the relationship "between the part and the whole" (Smith, Flowers & Larkin, 2009). This aspect is concerned with interpreting the meanings individuals describe in the context of their relatedness to the world, immersing in the linguistic and relational aspects of individual accounts. Typically, analysis will evolve and deepen throughout the process as it progresses, whilst remaining grounded in the researcher's perception of participant's accounts. Idiographic phenomenology is concerned with the 'particular' (Harper & Thompson, 2011). This involves in-depth analysis of interpreting the meanings of experiences for individuals and the significance of these experiences for that individual. Given the broad open research question of the current study which focuses on care experienced young people's experiences of contact and the significance this experience has for these individuals, IPA seemed appropriately matched for the research question at hand. IPA studies also require small participant samples with a concern of quality over quantity and an objective of developing deep and insightful analysis (Harper & Thompson, 2011). The sample must also be homogenous, to allow for the examination of convergence and divergence across participant accounts in extensive detail. IPA also requires a

flexible data collection approach, typically through the use of semi-structured interviews (Smith, 2015), as employed in the current study. This type of analysis also involves a double hermeneutic approach, in that the analysis involves the researcher's interpretation of how the participant is thinking (Smith, 2015). A level of subjectivity is acknowledged in the analysis process; however, this is in relation to a systematic and rigorous analysis process which is available and evident to the reader.

The initial aspect of the analysis process involved becoming fully immersed in the data by transcribing and reading individual transcripts several times to ensure that the participant was at the centre of the analysis. The next step involved taking notes on the semantic content of the data, as well as any statements that seemed of significant importance or interesting to the participant in relation to the experience of contact. This process is repeated until comprehensive and detailed notes are formed exploring the significance of contact for each individual and the meanings attached to these experiences. The analysis process involves engaging in each line of the transcript, interpreting the dialogue from the researcher's standpoint, but also what meanings each phrase has for the participant, at a descriptive, linguistic and conceptual level. Once each transcript has been analysed using this process, the analysis makes a shift from focusing on transcripts to working with notes. This allows the researcher to explore and identify emergent themes using distinct aspects identified from each transcript. This process also involved identifying similarities and differences between individual understandings and experiences. Emergent themes reflected the original transcript, and meanings participants ascribed to experiences as well as the researchers own interpretations of participant's understandings. This procedure involved reconstructing the data with the emergence of new themes. When new themes were identified, transcripts and notes were re-examined to establish any statements which should be included within new themes. Excerpts were then arranged into a table to show the relationship amongst the themes, whilst identifying superordinate themes. This process was repeated until themes were satisfactorily identified and labelled. Themes were then translated in a narrative account, with findings including emergent thematic analysis and linking

analysis to existing literature. The over-all process was extremely time-consuming, however the rigour and depth which is established within the data analysis reflects the significance and importance placed on each participant's account and experiences.

Ethical considerations

Due to the sensitive nature of the topic and given all participants fell under the category of a 'vulnerable group', ethical approval was obtained from the School of Psychology ethics committee and from UUREC. As most participants were under the age of 18, signed consent was obtained prior to the interview from their legal guardian and written assent from those participants who were over the age of 18 (See appendix 1). A number of further steps were implemented to ensure participants had full knowledge about the study and their participation. An information sheet providing details about the study was provided to all participants prior to consent to allow the participant and their guardian time to consider their involvement (See appendix 1). Participants were also provided with copies of the interview schedule prior to interviews taking place, to ensure full knowledge about what the study entailed (See appendix 1). The interview schedule comprised of open-ended questions regarding participant's experiences of contact. A number of probes were also used throughout the interview process to encourage participants to elaborate on their experiences. Participants were informed that direct quotes from each interview may be used in a PhD study. Participants were also informed that interviews would be recorded, and reassured recordings would be stored securely within Ulster University and only accessible by the researcher and chief investigator. Participants were also informed of their right to suspend the interview at any stage, take a break or refuse to answer individual questions. Protecting the identities of all participants and enforcing confidentiality procedures was recognised as a key consideration in the current study. Pseudonyms were assigned to each participant ensuring full anonymity and all information gathered is stored securely on university premises, only accessible to the researcher and chief investigator of the research team. An access NI was also obtained to confirm the researcher's suitability to work with

children. Overall all the interviewees seemed to appreciate the opportunity of voicing their experiences, views and perceptions of contact with birth parents.

3.3 Results and Discussion

A total of 5 key themes were identified throughout the participant's accounts including disempowerment, depersonalisation, empowerment, contact & placement stability, and support & attachment relationships, as well as an embedded theme of contact throughout. A number of subthemes were also identified and will be interpreted with supporting extracts from each participant's transcripts to highlight the multifaceted experience of contact with birth parents and the variations in how these experiences impact each young person in various ways.

The Theme of Contact

The salience of the theme of contact has been identified throughout the research, even in studies in which the issue of contact was not recognised as the primary theme, but rather a broader focus in relation to young people's over-all care experience. In a study by Steven & Boyce (2006), national care standards and the quality of life looked-after children and young people experience whilst in care was explored. One of the most important standards identified by young people was in relation to contact, with three-quarters of the sample experiencing some form of difficulty with this issue and identifying the need for more support and assistance with contact matters. Given the particular importance placed on the theme of contact throughout the literature as identified by young people, and the fact that the aim of the current study was to explore issues surrounding contact, it was not unexpected that contact was raised as an embedded theme throughout all participant accounts. It should be noted that the theme of contact identified across all participants was in relation to the quality of contact young people experienced. The theme of contact differentiates from the larger research question which relates to contact and its impact on children and young people's overall well-being, as it focuses on young people's perceptions of the quality of contact they received and factors such as who the source of contact was and the location of contact.

What emerged was a pervasive and shared emotional experience surrounding the theme of contact, as all participants were affected by the matter irrespective of the

dynamic of the actual contact arrangement itself, such as frequency, source of contact or the location. For example, some young people had a much stronger desire to maintain continued contact with birth parents expressed by their requests for more frequent sessions, whilst others decided contact was more damaging than beneficial and therefore chose to suspend or end sessions altogether. However, the emotional impact contact induced was evident in all circumstances, for example Stephanie felt once a week was not a satisfying amount of time to spend with her mum as they struggled to maintain a strong relationship.

“I don’t think it was enough because like how are you supposed to be like 2 and a half hours away from your family and have still a relationship with only 1 hour a week” Stephanie

The relationship between Stephanie and her mum was highlighted as an extremely important concern to Stephanie. The dynamic of this relationship was initially distant, characterised by arguments and disagreements. Stephanie also described a barrier in which she felt she could not confide in her mum in relation to both important issues and events and experiences which took place in her everyday life. However, the relationship progressed and strengthened throughout her time in care, mainly by working together during sessions to help build a solid trusting relationship with more effective communication. It was clear steps were being taken to ensure Stephanie was to be returned home to her mum, by engaging in therapeutic sessions together, as well as counselling and other individual therapeutic work. Contact in this situation represented the strengthening of a bond between mother and daughter, as Stephanie described a desire to now share things with her mum, both significant and mundane in nature. Stephanie’s resilience was also increased through contact, as she eventually grew to rely on her mum for emotional support and looked upon her as a source of protection, particularly through an incredibly distressing and traumatic experience in her life involving on-going sexual abuse by her older brother. Contact sessions in this case helped to increase Stephanie’s self-worth, by providing a coping mechanism during a critically traumatic period in her life whilst in care. Stephanie described how she would contact her mum immediately if she felt unsafe or distressed whilst in care, highlighting the trust and strength of the bond she had

established with her mum. The change in the dynamic of this relationship was a result of focused and therapeutic contact sessions, as well as a desire from both mother and daughter to want to build and repair their relationship to enable Stephanie's return home. Therefore, the importance Stephanie placed on contact was extremely evident, through her desire for more frequent sessions with her mum and longer durations to help improve the quality of sessions.

The experience of contact with birth parents was not always met with great desire or perceived beneficial qualities. For example, most of the young people showed a preference for who they wanted to spend time with during sessions, and who did not. Donna had approximately been in care since the age of nine and remained in a long-term foster placement with one of her sibling sisters. Donna's pre-care relationship with her mum was perceived as volatile, as her mum had a history of alcohol abuse, which resulted in Donna blaming her mum for being placed in care. Contact sessions were initially once every week with her birth mum, mainly taking place in public settings, however Donna felt the quality of contact was strongly impacted by the frequency of sessions. Donna described how she struggled to make conversation with her mum every week and felt unstimulated by the activities which took place during sessions, such as going into town and sitting to engage in conversation. Donna described how she felt she had very little say in the planning process of contact arrangements and considered her mum to have more involvement, for example choosing the location and activities during sessions. With no real perceived purpose to contact, the relationship between Donna and her mum was weakened and therefore the quality of sessions also deteriorated. The impact of disappointment stemming from the quality of sessions, and the poor relationship between the two resulted in Donna feeling emotional upset after each session.

"And then when I went home I used to cry my eyes out and I'm like 'OK, not do that again'. And then Sonya my social worker comes out and says 'do you want contact to happen?' Nope. She would be like 'but she really wants to see you'. No." Donna

As Donna's pre-care relationship with her mum was already volatile, contact sessions merely served to further weakened the relationship, with underlying resentment issues being left unresolved. The impact contact sessions had on Donna were significantly important, as sessions induced an emotionally distressing response due to dissatisfaction with both her mum's role as a parent in her life, and the quality of sessions. With a lack of say in contact arrangements, and unresolved resentment issues, the relationship between Donna and her mum eventually broke down. This resulted in Donna initially reducing contact sessions to once a month, and then suspending sessions altogether.

Although both cases of Stephanie and Donna are incredibly different, characterised by the differing purposes of contact and the impact sessions had, both young people were significantly affected by the experience of contact. What the experience of contact represented for both young people was extremely different, for example in the case of Stephanie contact signified an opportunity to build a stronger bond with her mum, resulting in a source of support, increased resilience and self-worth. For Donna contact with her mum represented conflict, disappointment, disempowerment and emotional distress. The impact of contact consequently resulted in one young person requesting more frequent contact, whilst the other suspended sessions altogether. Contact sessions had a direct impact on the dynamic of relationships between the young people and their mother's, resulting in deep emotive responses from them both. The importance of contact was evident throughout all participant's accounts; however, the young people's perceptions were viewed from distinct standpoints, resulting in a shared significant experience of contact sessions. Therefore, the construct of contact was identified as an embedded theme, which is highlighted throughout all participant accounts, as impacting the young people in significant ways, but also impacted by a range of situations such as the purpose and arrangement of contact sessions, as evident in the accounts of Stephanie and Donna.

Matrix of themes

Disempowerment & Empowerment

An important consideration which emerged throughout the analysis process was that many of the main themes identified were interrelated to one another, and often changed throughout different phases of the young person's journey in care. For example, disempowerment and empowerment have been identified as distinct themes, however both are related constructs. This is because the concept of empowerment is not necessarily the opposite to that of disempowerment in the current study, so if the aim was to reduce one and increase the other, the focus may need to be on entirely different things.

In reference to looked-after children and young people, the concept of empowerment refers to young people feeling enabled to voice their views on matters which affect their lives. Experiences which may have resulted in young people feeling disempowered were often out of the young person's control, such as parental behaviour during contact sessions including parents showing up for contact under the influence of alcohol or not showing up at all. This means practically, these two constructs should be viewed as separate dimensions rather than two ends of a single continuous dimension. However, the two themes are related by an underlying matter which is the inclusion of young people in decision making processes and their desire to be heard. A number of young people in the current study felt they were not included in the organisational processes of contact sessions, including issues such as the location of contact, the intended purpose, the frequency or duration of contact sessions. However, all young people were directly affected by the experience of contact, which induced highly emotive responses highlighting the importance of the inclusion of young people in important decision-making processes. Therefore, the theme of empowerment has been identified as a distinct construct, in order to emphasise the young people's desire to be heard and the means by which they felt enabled to express their feelings and wishes.

Disempowerment & Depersonalisation

The constructs of disempowerment and empowerment, although related in some ways and distinct in others could be viewed as one overarching theme. The premise for this is that other themes identified underpin this theme, with certain themes explicitly relating to one or both of the constructs. For example, the theme of depersonalisation was closely linked with that of disempowerment as experiences were often out of the young person's control but had a significant emotional impact on the young people. Although experiences of feeling devalued were distinctive and definitive from those experiences of disempowerment as they referenced behaviours and attitudes used in explicit occurrences, they still had an undertone of disempowerment stemming from a lack of control. For example, Stephanie described the emotional impact of attending 'looked-after children reviews' and how she felt devalued during such meetings

"They talk about you like you're not actually there and you're sitting right there and you can hear them". Stephanie

Stephanie often became emotionally upset during reviews and described having to leave as she felt the situation was too emotional difficult to cope with. The impact of reviews was due to the atmosphere and environment in which they took place, with both professionals such as principle social workers and health care professionals being present alongside individuals who the young person may have a personal relationship with such as teachers, foster carers and birth parents. Often young people find the environment intimidating and feel devalued (McLeod, 2006) as personal issues in their lives are openly discussed such as their health, school performance and relationships. Although this highlights an experience in which young people in care can feel devalued, the lack of control they feel they have over the situation also extends to a sense of disempowerment. Therefore, the theme of depersonalisation leads to disempowerment for young people in care.

Disempowerment & Placement Stability

Disempowerment can also be evidenced in relation to the theme of placement stability, a common concern for many young people in care as several will experience disruption through multiple placement breakdowns (James, Landsverk, & Slymen, 2004). Michelle was in care since the age of four, placed with her older brother and had experienced numerous placement breakdowns as a consequence of behavioural issues resulting in feelings of rejection, frustration and feeling devalued.

“And then the foster parents, because it was ‘(gasps) oh my God they got expelled take them back we don’t want them, they’re bad news” Michelle

Contact for Michelle with her birth parents often resulted in feelings of rejection and low self-worth, as her parent’s attendance was extremely unpredictable. Michelle continued to attend contact sessions in the hopes of establishing a relationship with her mum, even when she knew attempts were futile. The non-responsiveness to Michelle’s needs by her birth parents resulted in Michelle developing an ambivalent attachment style, which may have been correlated to her externalising behavioural issues. Therefore, the cause of such behavioural issues which resulted in placement breakdown may have been associated to the emotional impact of inconsistent and difficult contact sessions. With emotional and behavioural issues left unresolved, Michelle was disempowered to achieve placement stability and establish a strong attachment bond with future foster carers. This correlation links the impact of contact to placement instability and the disempowerment young people face because of the emotional and behavioural consequences of negative and unpredictable contact with birth parents. The theme of placement stability then underpins the overarching theme disempowerment.

Empowerment & Placement Stability

The theme of placement stability was also identified as relating to experiences of empowerment amongst some participants as placements served to promote resilience and enable young people to obtain a sense of stability and have the same types of opportunities as those not in care. For example, two of the young people were

placed in kinship foster-care placements, specifically with grandparents when brought into care. For Peter and Emma, contact sessions were emotional distressing for very different reasons. Peter's parents had serious alcohol issues, and both had experiences of homelessness, therefore when his parents did attend contact it would often be under the influence of alcohol and would result in suspension of sessions. Contact in this situation served to inflict worry and stress on Peter as he feared for his parent's safety, resulting in him identifying feeling a sense of loss of childhood. Contact for Emma was also unreliable as her mum's attendance was unpredictable, with sessions often resulting in emotional distress, rejection, fear and guilt. Contact would commonly serve to re-expose Emma to further verbal abuse and neglect from her mum. Although the impact of contact sessions for both young people was emotionally distressing, Emma and Peter maintained stable placements and strong attachment relationships with their grandparents and siblings. The attachment bond both young people had already established with their grandparents before coming into care helped to maintain a sense of belonging and stability in their lives. The significance of these placements also helped enhance resilience to cope with the impact of contact, by providing love, care and support. Therefore, both young people were empowered by the type of placements they had, to continue in their education to pursue their dreams and cope with the emotional impact of contact with birth parents.

Disempowerment & Empowerment - The Role of the Foster Carer

Certain themes identified were seen to relate to both constructs of disempowerment and empowerment, for the example 'the role of the foster carer'. Young people encountered foster carers with very differing approaches to contact with birth parents, for example some would take on a supportive and accommodating role, whilst others would remain detached from the situation, and sometimes obstructive. Stephanie had experienced a number of different placement moves, and often considered her over-all experience within each placement in terms of the foster carers role surrounding contact arrangements. One foster carer in particular took an authoritative approach to contact arrangements, imposing time restrictions and not providing transportation to and from sessions. This resulted in Stephanie feeling

contact sessions with her mum were of little importance to her foster carer, undermining the significance she placed on her relationship and contact with her mum.

“But eh my carers were not like, they weren’t flexible in how they like transported me. I always had to get the bus like they never wanted to take me anywhere, it was bad. I didn’t like them”. Stephanie

This evidences the significance young people place on contact with birth family and the impact of foster carers attitudes towards contact in relation to placement stability. By imposing such restrictions, Stephanie was disempowered to establish a stable and positive placement with her foster carers and also had no support with contact arrangements, both physically and emotionally resulting in a breakdown in the relationship with her foster carers. However, some foster carers played supportive roles in relation to contact arrangements, advocating the wishes and views of young people, whilst providing physical and emotional support. Tina was in a long-term foster care placement since 11 months old which resulted in her foster carer’s gaining shared parental responsibility through a residence order. Tina’s relationship with her mum was extremely volatile, with contact sessions often embodying tension, conflict and fear for Tina. Maintaining links with her birth mum was encouraged by Tina’s foster carer, however the impact of contact sessions resulted in Tina being exposed to verbal abuse and threatening behaviour caused by her mum’s partner which induced emotional distress.

“... she like threatened me one day and I was quite young, and I was like ‘I’m never going to see my mum again, I don’t want to go up to that house to see her’. So my granny said ‘that’s ok’”. Tina

Tina’s foster carer played a crucial role in the organisation of contact sessions by providing transport to and from her mum’s home. She was also a source of emotional support for Tina in terms of the impact contact had. Although her foster carer felt maintaining links with her birth mum was important, Tina’s foster carer empowered her to make her own decisions regarding her relationship with her mum

resulting in Tina choosing to end future contact with her mum. Therefore, Tina's foster carer attended a solicitor to represent Tina's views and wishes to suspend all contact sessions with her birth mum. This evidences the significance of the role and attitudes of foster carers and the impact this can have on contact sessions. As with Tina, when young people are empowered to make their own decisions regarding contact, this enables them to evaluate sessions in terms of the impact it has on them and their own emotional experiences resulting on more positive outcomes.

Empowerment and Support

Throughout research social support has been found to have an impact of individual's physical health and psychological well-being (Broadhead *et al*, 1983; Uchino, 2006). Research has found that for children in care, having the support of a significant individual can help them to cope with the adversities they experience during their care experience by relieving stress and worry (Mullan *et al*, 2007). Individuals of significant importance to young people in the current study and who provided them with emotional and physical support included social services (or one social worker in particular), foster carers, siblings and mentors. Becoming fully accepted and integrated into foster families was highlighted as significantly important amongst the young people, with outcomes associated to increased self-worth, felt security and self-esteem. For example, Stephanie described the emotional distress she faced during the initial separation of leaving her family home and going into care. However, Stephanie found her new foster placement comforting and supportive, particularly in relation to contact matters such as their flexibility around times, providing transport to and from sessions and building a good relationship with her mum. This enhanced Stephanie's placement stability and enabled her to have quality contact sessions with her mum, therefore empowering Stephanie to become involved in decision making processes surrounding contact.

Disempowerment and Support

Having someone to talk to and rely upon was identified as highly significant in the current study in developing resilience, providing a sense of belonging and enabling

young people to maintain a sense of stability in their lives. Supportive individuals such as a social worker, foster carer or mentor were also found to advocate for the young people on contact matters, empowering them to have their views and wishes heard. However, some young people had difficulties in establishing close bonds with others at certain stages in their lives, preventing them from having a source of emotional support and someone to empower them. Factors which had an impact on young people's ability to form close attachment bonds and meaningful relationships with others included attachment disorders, complex relationships with parents and a lack of trust in adults as a result of pre-care experiences, adverse experiences with social services and placement instability. Therefore, young people's responses to the emotional experiences they faced as a result of abuse, neglect or rejection both in pre-care and during care, impacted their ability to form meaningful attachments.

I: "Who did you like turn to for support and stuff through that then, who did you talk to?"

E: "Em nobody really. I couldn't, I just couldn't talk about it. Like I, like part of me felt really guilty that like my mum didn't have me in her life".

Therefore, a number of young people were disempowered to develop supportive relationships due to their past experiences and felt at certain moments in their lives that they had no one to provide them with the emotional support they needed. For that reason, the theme of support is correlated to that of disempowerment, as a lack of support would often be an outcome of prior adverse life experiences and therefore out of the young person's control, preventing them from developing meaningful relationships.

Stigmatisation – Disempowerment and Support

The themes of stigmatisation, disempowerment and support were characterised as individual constructs due to the distinct experiences and outcomes associated with each. However, stigmatisation in the current study resulted in young people feeling isolated and inhibited from developing meaningful peer relationships. Peer relationships can have an important impact on care experienced young people's self-

image and identity (Hedin, Höjer & Brunnberg, 2011), and can also have important implications in looked-after children's educational success (Martin & Jackson, 2002). Maintaining important links with peers can also provide young people with a sense of continuity in their lives and be a valuable source of support (Luke & Coyne, 2008). However young people in care can often feel a sense of indifference and feel socially excluded as a result of their in-care status (Schofield *et al*, 2004). For example, Emma described the challenges she faced when trying to identify with school friends and develop meaningful friendships with young people who were not in care.

“Just realy, like I didn’t really know what to do with myself because like I really struggled in school, people talking about their mum’s and dad’s and their family life and I just like. Like I remember going into a new friend group and me pretending I live with my mum (laughs)”. Emma

This risk of being labelled and judged for being in care resulted in Emma detaching herself from developing important peer friendships. Therefore, the fear of stigmatisation has disempowered Emma from obtaining important potential sources of emotional support resulting in her experiencing a sense of indifference and becoming socially excluded from her peers.

Disempowerment

Of the 7 care-experienced young people interviewed, all 7 participants highlighted issues surrounding disempowerment. However, disempowerment in this case refers to a number of different aspects experienced in a range of situations, not only in reference to the young person's opinion and views in decision making regarding contact arrangements with birth parents. Disempowerment was also experienced through the young people's lack of control over situations which affect them in an emotional and practical sense in their everyday lives. For example, the experience of not being given the correct financial assistance which they felt they were entitled to, feeling helpless for parent's adverse behaviour such as occurrences of homelessness and alcohol abuse and being separated from siblings in their placements.

Throughout such experiences of disempowerment, the impact of such issues would often have an effect on the young people's experience of contact with birth parents. For example, one participant described how she encountered numerous different social workers throughout her time in care and found that contact arrangements felt disorganised due to a lack of communication amongst staff members. The diversity of experiences of disempowerment can also be recognised by the different individual reactions young people would have, to the lack of control they felt they had over certain situations. Whilst some young people actively tried to make their voice heard, others took on more passive roles for various reasons, including trust in the social care system's decisions and some feeling they did not have a say in decision making matters. Out of the 7 young people interviewed, 5 reported negative overall experiences of contact with birth parents, with each having a focus on situations arising from parental choices and behaviour, therefore out of the young person's control. The other 2 young people who reported generally having overall positive experiences of contact, one had recently been reunited with her birth parents, and plans to be reunited in the coming year were in motion for the other young person, however concerns of disempowerment were still evident in both cases. The following subthemes emerged from the data within the theme of disempowerment;

lack of say and lack of control, both of which will be discussed in detail with supporting extracts.

Lack of Say

Of the 7 young people interviewed, all 7 participants identified experiences of not having their views taken into consideration during decision making regarding contact with specific individuals, mainly birth parents. When asked who made the decisions regarding contact, the majority of young people felt social services took control over certain aspects concerning contact;

I: Who makes decisions with regards to time and the place of contact?

P: It would be the social workers mainly

I: Did you have a say?

P: Nope. As far as I know, no. Not even my two older brothers and they were older than me. Peter

“So I didn’t like going to see my mum but I was told that I had to because of the care system involvement”. Tina

I: Before you go into the 16plus team, before that stage, how much say do you have in contact?

E: Em not a lot

I: Who makes the decisions then?

E: Just the social worker and her manager. Like you get to fill in, you know your wee sheet, your care plan thing, who you want at your contact and what you can do to improve. But then they just kind of take-over, they’re like ‘no you’re at risk from hearing that’ and whatever, but you’re not really. Donna

Although the majority of young people felt decisions regarding contact with birth parents were primarily decided by others, including social services and birth parents themselves, the young people held distinct stand points with regards to their

acceptance and reactions to this lack of say. These reactions varied from total acceptance of decisions being made, whether they were in agreement or not, to actively voicing their concerns and opinions to social services. For example, two of the young people interviewed accepted the decisions which social services made with regards to contact arrangements, however both for very different reasons. The first young person in this case, who will be referred to as Peter, viewed social services as an authoritative establishment which had the power to separate him and his two brothers and determine what type of placement they would reside in.

“Like we didn’t want to get split up or anything ... I always say like, because I’ve made a lot of friends in here with VOYPIC, we were very fortunate not to go the care home or, I don’t even know what a children’s home is like ... I hear other people’s experiences like so ... In that, you know in that ... respect of whatever ... You know we are so so lucky to have went to our grandparents”. Peter

Given that sibling relationships have the potential to provide life-long support (Leathers, 2005; Tucker, McHale & Crouter, 2001), for children and young people who are entering care, being placed with siblings may contribute to maintaining a sense of safety, stability and reassurance. Therefore, for children and young people being removed from their birth parents, the fear of sibling separation in an already frightening situation may contribute to enhanced emotional distress. In the case of Peter, the fear of sibling separation and his lack of say or control over the situation appeared evident in an experience he recalled when he was first removed from his birth parents.

“Social worker was just like, believe it or not and I can remember it as clear as day as if it was yesterday right ... The social workers came to the door and just like, ‘look we’ve warned you countless times. You are still drinking, so we’re bringing the kids away and we’ll split them all up’. Gram just happened to be walking by the house and was just like ‘we’ll take them for a week’. And then that week turned into 2 weeks and then it just and just like ‘they can stay here’ so”. Peter

In this situation Peter appears to have accepted social services as an authoritative body who have the power to separate him from his siblings. The way in which this issue was communicated to Peter, with the threat of sibling separation being conveyed, seems to have initiated a sense of fear during an already highly emotive and frightening experience. Peter's description of this incident has affected how he perceives the role of social services, characterised as being more commanding and authoritative than supportive. The threat of sibling separation has not only cast fear in the young person but may also have been interpreted as a message of punishment for the children as a result of their parent's actions.

Peter's relationship with his parents seemed to have improved dramatically since leaving care and contact was much more frequent when he was given full control over arrangements. His mum and dad had since become sober when Peter turned 18 and left care, which was likely to be associated with the positive development in their relationship. However, it seems interesting that when given a choice as to whether or not he wished to maintain contact with his parents, in spite of sparse and overall negative experiences during contact sessions whilst in care, Peter chose to try to rebuild relationships with his parents and maintain contact. This may suggest Peter's relationship with his parents was so strong before coming into care that the negative experiences during contact whilst in care had little impact on his desire to maintain this bond. The substantial difference in the quality of contact whilst in care in comparison to after he had left, suggests Peter's parent's behaviour largely impacted the quality of contact and their relationship. Therefore, the combination of Peter's parent's positive lifestyle changes, his desire to build and repair the relationship he had with his parent's and the control he had gained over contact since leaving care resulted in a positive development in these relationships.

Lucy is a 15-year-old girl with a history of self-harm who was removed from her birth mum a year and a half prior to the interview. Regular contact occurred between Lucy and her birth mum and given that contact was unsupervised, it was assumed

that there was little risk involved and that her relationship with her mum seemed quite strong and positive. It was also planned that Lucy would return home to her birth mum in the coming year after her exams. When asked who made decisions regarding contact arrangements, Lucy described the process of looked-after children reviews (referred to as LACs), which generally occur once every six months for each young person in which decisions regarding the young person's life in care are assessed. Once again, social services are viewed here as 'professional' having authority over decisions being made which affect the young person's life.

L: Like there's people in the LAC and the chairman of the LAC and then there's like all these like professional people and there's like different people. There's like, so there's me, mummy, my foster carer em and then my social worker and then like there's like, we all sit around a big table and there's like a bunch of other people. And like it's normally the girl that decided it was to be increased to 4 hours, it would normally be, I don't know the name of it, but it's like normally that person

I: Is it like a social worker?

L: I don't actually know what it is. Lucy

Having only been in care a year and a half, and maintaining a close bond with her birth mum, it seemed interesting that Lucy would be so accepting of allowing others to take control of decisions affecting her life, particularly contact arrangements which were evidently very important to Lucy. In this case Lucy was also unaware what the role of key individuals who were making decisions regarding her life were. However, it seemed evident that although Lucy accepted the control social services had, she surprisingly still felt she had some say during such reviews, even if her request wasn't accepted or approved.

I: Do you have much say in stuff like contact?

L: Yeah like if I want like the LAC's there for me to like speak up if you know what I mean. Like see my views and how I feel and stuff. So like if I wanted like more contact and stuff, they would just decide like whether or not if like they could give more contact. Lucy

Given that Lucy had been informed of plans for her to return home, she had a strong desire to have over-night stays in her mum's home to help establish a sense of adjustment and routine in her life. However, when Lucy made this request to her social worker, she was informed this issue could not be raised and discussed until her next review, which take place once every 6 months having instead to wait until then. When also asked during the interview what she felt would make contact more positive (if anything) Lucy again highlighted her desire for over-night stays in her mum's home, emphasising her wanting for such contact. Considering Lucy's strong relationship with her mum and her desire to return home, it was once again surprising that this young person would be so accepting of being told her request would not be considered until her next review. Lucy also described the process during such reviews in which requests would be made and discussed, however not all requests would be implemented immediately and that often more time may be needed for social services to discuss further. Therefore, the process would often be prolonged by different stages before a decision could be formed.

L: Well like I was, like I was talking to her about stay-overs em because like my LAC's in December and like I'm meant to be going home like after my exams so like this year or something, well next year, 2016. And em like Karen was saying like we have to see and discuss it at the LAC and everything so

I: How often do you have your LACs?

L: Every 6 months

I: Is that enough do you think

L: Yeah

I: Are you allowed over-nights at the minute?

L: No I don't know. Like we have to save it for our LAC

I: Did you talk about it in the last one?

L: No

I: So can you only really bring stuff up when you have a LAC?

L: Yeah kind of, to discuss it more better

I: If you talk about it, does the decision be made then and there?

L: Sometimes it would be made, sometimes they would need more time. And then they would get back to Karen (social worker) and then Karen would get back to me. Lucy

Lucy seemed to have accepted social services as an authoritative figure, who had control over decisions and matters relating to contact with birth parents. As Lucy was 15 when she entered care, this acceptance and ability to hand over control seemed surprising, however there may be a number of different reasons as to why this young person had the reaction she did. Firstly, Lucy's experience of self-harming in the past may have been associated with her acceptance of having a lack of say. Self-harming has been associated with low self-esteem amongst adolescents (Darche, 1990; Favazza & Conterio, 1989; Laye-Gindhu & Schonert-Reichl, 2005) therefore perhaps Lucy accepted others taking control of decisions and not having a say due to a lack of confidence in making decisions which affect her life. Another reason may be associated with Lucy's experience of internalising her emotions and her past experiences of not feeling comfortable to open-up and confide in her mum.

I: Have you always been close with your mum?

L: Yeah like I always have been but like at the start like em like when everything was going on like because I self-harmed and stuff a lot and like at that kind of point I started drifting away from her if you know what I mean. Because like I wasn't talking to her as much. Like we used to have like, we weren't even like mother and daughter we were more like best friends. But em like we would have had so much fun and stuff but then like I just get really low and like if she asked me what was wrong or anything like that, I would just kind of like just shut myself in so. I couldn't really talk to her

I: Did that affect the relationship?

L: Yeah because like I would get really annoyed and stuff like over the stupidest things and then like just like, I wouldn't like talk. I would have just shut myself in my room like all day. Lucy

Lucy therefore may have experienced difficulties in voicing her opinion and having a say with regards to decisions surrounding contact as a result of her low self-esteem and tendency to shut herself off from people. Had Lucy's social worker identified her past experience of internalising her emotions, perhaps alternative strategies and styles could have been adapted to help her feel she could openly express herself. For example, the environment in which looked-after children reviews are set, with the involvement of a number of different professional bodies in a formal setting, may not have been a suitable location for Lucy to make requests such as over-night stays in her mum's home. A number of young people in the current study found such reviews quite intimidating, something which has also been identified by Buchanan (1995) whose study aimed to educate and inform 45 young people who were currently being looked-after by local authorities in England. Results from the study revealed that the majority of young people felt they were restricted in expressing what they felt due to the intimidating nature of the review.

One on one conversations between Lucy and her social worker in a less-formal setting may have been more appropriate in this situation for Lucy to feel comfortable and confident in expressing her concerns and requests. The inclusion of young people's opinions in issues relating to contact is vital if contact is to be purposeful and have a positive impact on young people. However, this is only achievable if young people feel they can openly express their views in a comfortable, safe and inviting environment. Therefore, each case should be assessed on an individual basis, as the formal structure and processes involved in 'looked-after children reviews' may be an intimidating setting for some young people, Like Lucy to openly discuss their views and concerns. Such settings could serve to disempower young people, potentially resulting in their views, wishes and concerns going unreported.

What's also interesting in the case of Lucy was that social services seemed to take control over another aspect of her life which was her relationship with her boyfriend. Lucy had a 16-year-old boyfriend when she was 14 for 9 months and described being told during one of her reviews that due to her boyfriend's age he would be a bad influence on her and that she should end the relationship.

“And then like, they were sitting going ‘ah he’s a bad influence on you’ and everything because he’s like a year older. And then like they told me to dump him and everything and obviously, I had been going with him for like 9 months. So it was like really hard”. Lucy

Due to Lucy’s history of self-harm and her tendency to internalise her emotions, it was likely this decision was in her best interest as she may have been susceptible to being taken advantage of. However, due to how this message was conveyed Lucy was left feeling she had no control over another aspect of her life resulting in her feeling devalued and frustrated. For example, when asked was this decision made by her social worker during her review, Lucy replied no and described the individual as “some person”. Perhaps it would have been more beneficial for Lucy to receive this information by someone she felt close to, like a social worker or key worker, given the personal nature of the situation. As the information was communicated by an unfamiliar individual during a formal review, Lucy was left feeling upset by this decision because the underlying message of safety was not being conveyed appropriately. Therefore, this highlights the importance of effective communication and implementing a comfortable and engaging approach which enables young people to become fully involved when discussing important issues.

Young people’s view of social services as authoritarians seemed to be apparent in a number of the young people’s experiences of decisions regarding contact. This led to three of the young people feeling they did not have a choice with regards to different aspects of contact such as their attendance or who they wanted the source of contact to be. For example, one young person who will be referred to as Michelle had contact with her mum and dad at the same time but stated how she would have preferred if contact sessions had just been with her birth mum.

“... (exhales) I don’t know, my daddy’s a pretty scary guy like so, although I was happy my mum was there, I wasn’t really comfortable because it was my dad was there too”. Michelle

Michelle felt she had no choice other than to attend contact with her dad as the session had already been organised, and as her views were not expressed the fear she experienced during contact with her dad remained unreported. Contact arrangements were put into place without input from the young person on who she would have preferred the source of contact to be. The lack of involvement from young people in contact arrangements was also evident in a study by Timms & Thoburn (2006) who explored the views of 735 looked-after children and young people throughout the UK. Results from this study revealed that contact was an area of ‘poor practice’, with children and young people’s views and opinions either not being sought or taken on board. Furthermore, 60% of the children and young people in the study identified not having enough contact with their fathers and over a third did not see enough of their mother or siblings. In the case of Michelle, she felt the only way she could spend quality time with her mum was in a contact setting in the presence of her dad, a sacrifice which highlights the significance Michelle placed on contact with her mum. The experience of contact in this situation represented a sense of family and an opportunity for Michelle to try to establish a strong relationship with her mum. However, the quality and experience of contact in this situation was impacted by the fear she felt in the presence of her dad. Had Michelle been given the opportunity to express her views on contact matters perhaps the impact of contact would not have resulted in fear, rejection and feeling as though her opinion was not valued.

I: Did you have a choice whether you could go see him or not?

M: It wasn’t, it wasn’t really put to me that way. It was just ‘you’ve contact with your dad next week’ ... It wasn’t like ‘do you wanna see your dad’ or I mean it was just ‘you’ve contact’. And then just the way it was put I felt like I couldn’t really refuse ... If you know what I mean, it was already arranged and set up

By not providing Michelle with the opportunity to express her views and wishes in regards to how she wanted contact to take place, this led to her feeling frightened and uncomfortable during contact sessions in the presence of her dad. Michelle felt her attendance was compulsory and necessary in order to have contact with her mum in

the hopes of establishing a strong relationship. Had social services effectively informed Michelle that her attendance to contact was a decision she could make if she did not feel comfortable, perhaps contact may have been a more positive experience for her. In this case Michelle was unable to establish a positive relationship with either of her parents, even when she had left care and contact here did not seem to serve any real positive purpose to her.

I: What would you change first of all looking back at contact, what would you change about it if anything?

M: (Exhales) Asking the child if they even want contact

I: Did nobody ask you that?

M: No. That's what I'm saying. It was just 'you have contact on such a such a day' and it was, that's just the way it was put to you and you never really felt like you could say 'well, well I don't wanna see him' or

I: So what would you have said if somebody had of said 'do you want contact?'

M: No. Michelle

Like Michelle, the following young person who will be referred to as Stephanie was also unaware she had a choice in relation to certain aspects of contact. Stephanie is a 16-year-old girl who had been in care since the age of 9, but had been returned to her birth parents a year previous to the interview, therefore was part of the after-care team. Stephanie had been sexually abused by her older brother for 4 years during her time in care, however did not disclose this information to anyone until more recently. Stephanie mainly had contact with her birth mum as her dad found it difficult to get time off work to attend contact sessions. Contact was shared between her two brothers and her mum and was limited to an hour and a half once a week. However, Stephanie highlighted her desire for one-to-one contact with her mum as she felt she wasn't getting enough quality time and attention during her one weekly session, due to the shared nature of contact with her brothers. When asked if she had made this request known to social services Stephanie felt she and her brothers were considered to be too young to have a say.

I: Did you never have one on one contact with your mummy?

S: It was all like us all together

I: Why?

S: I have no idea. Just the way it was given

I: Did you ever ask for it to be one on one?

S: We were never given the opportunity to ask for that, no

I: Would you have wanted one on one?

S: Ideally it would have been better because like it just wasn't, I just don't think it's like workable. So if I was given the chance to, to ask for it like I would have asked for it. But because we were so young they didn't think that we like deserved a say in what was going to happen so

Although contact has been identified as one of the most important areas for children and young people in care (VOYPIC, 2014; Timms & Thoburn, 2006), young people still feel they should have greater influence over decision making (Morgan, 2012). By feeling she was not given the opportunity to express her opinion, Stephanie's request was overlooked, possibly affecting her overall experience of contact with her birth mum. This emphasises the need to include children and young in the decision-making process and to effectively communicate how valuable their input is.

Another young person in the current study referred to as Tina described how she initially felt her attendance at contact sessions with her mum were mandatory, however once she reached the age of 8 or 9 her foster carer then give her a choice as to whether she wanted to continue with the sessions.

"At first I had contact with my mum, but not with my dad because my dad was kind of out of the scene, and it was weekly but it was unsupervised. So it was kind of just arranged between my carer and my mum. So it was weekly until I was about 9 and then I just decided I didn't want to go anymore. So I didn't like going to see my mum but I was told that I had to because of the care system involvement, but that was why I was able to decide for myself".

Tina

Tina described how she felt during that time that contact with her mum was not having a positive impact on her life therefore contact arrangements were suspended. However, Tina then attended contact with her birth mum in later years, which once again did not prove to serve any positive impact on their relationship and was actually more damaging as she was exposed to verbal abuse and threats during sessions. Tina's desire to establish a relationship with her birth mum changed throughout time, as she would sometimes want contact sessions to proceed, even when the outcome of such sessions resulted in her feeling frightened and distressed. Other times Tina wanted sessions to be suspended due to the impact they were having on her over well-being. This case highlights the importance of recognising that children and young people require different needs and level of contact with certain family members throughout their lives and that these needs must be reassessed by social services consistently if contact is to have a positive impact.

Some of the young people highlighted specific issues relating to contact arrangements as they felt their views were not taken into consideration. These mainly included the frequency, duration and the location of contact, issues which were commonly reflected in several of the young people's accounts. For example, Michelle reflected on her experience of contact with her birth parents which mainly took place within a contact centre, describing it as "a room with a couple of toys" and emphasising her displeasure of this location. Decisions regarding the venue of contact can be dependent on a number factors including the child's/young person's age, the level of risk involved and personal preference (Triseliotis, 2010). However, in this case, it appeared evident that the location of contact did not meet the preference or needs of the young person;

I: Did you ever say to anybody can we have it anywhere else?

M: Yeah (laughs)

I: Who makes the decision then?

M: It was always the social worker. I say to them like I hate coming here, like there's nothing to do and they says well this is the only option that we have if you know your mum and dad can't afford to go out anywhere in the

public. I says like can we not go somewhere that you don't have to pay for, like the park or somewhere and they said that the contact centre was the only place. And I just thought it was ridiculous that you had to pay money to see your child. Michelle

The consequences of not being involved in decision making processes in this situation have had an emotional impact on the participant, leaving her feeling confused and frustrated that the location of contact with her birth parents was determined and limited by her parent's financial constraints. The location of contact resulted in a negative experience on the quality of contact. Michelle also took a more active role in requesting that the location of contact be improved, however with her request being denied without a reasonable explanation, this may have had a significant impact on the young person's decision and confidence to voice her opinion in the future.

The location of contact was highlighted as an important issue among most of the young people in the study and often affected the over-all quality of contact. Given that contact is such an emotional experience for both the young person and parents, it seems vital that both play a role in the arrangement of the venue for contact. Donna for example, described feeling like her mum had more say regarding the location of contact, impacting her over-all experience of contact.

I: what sort of things did you do then?

D: Up the town and sit (said with a tone of boredom)

I: Right, you don't seem happy about that?

D: Na, we just sat there

I: Who decided you had to go up the town every week?

D: Her (mother)

I: Did you not get asked at all?

D: No she didn't like me saying I want to go such and such here. But after that I just left.

The young people in this study highlighted the variety of locations in which their contact was set, ranging from within the family home, to restaurants in town. However, the intended purpose of such locations was not always evident. Donna and her mum did not appear to have a strong relationship pre-care, and with sessions serving no real purpose or therapeutic quality, eventually she decided she no longer wished to continue with the sessions with her mum. Perhaps if the purpose of contact had been explicitly designed to help mend and build a positive relationship, it would have been more beneficial. In this case a more therapeutic setting may have been more appropriate in which Donna and her mum could openly discuss their feelings and build on their relationship. The benefits of therapeutic support during contact has also been cited in the literature, to help promote more meaningful contact and stronger relationships (Browne & Moloney, 2002). There are no guidelines available to parents on how to make contact as productive and positive as possible. However, if such support was to exist in which parents and young people were taught why their contact visits were so important and how best to utilise this time, perhaps parents would be better equipped to communicate more effectively with their children during contact. Instead, contact here seemed to serve no real purpose other than to simply 'have contact' with one another. This experience highlights the importance of purposefully planned contact, catering to both the parent and the young person's needs. Although it cannot be assumed the cause of the breakdown in contact in this situation was due to the location and lack of purpose, it seems that had all parties been involved in the arrangement of contact, perhaps it may have been a more positive experience.

Throughout the literature it has been suggested that children and young people often desire more frequent contact with birth family members, often feeling dissatisfied with the amount they experience (Ofsted, 2009). In concurrence with this, a number of the young people in the current study also identified feeling unsatisfied with the frequency and duration of contact they were receiving. For Stephanie, reunion seemed to be the ultimate goal and some contact activities were centred around rebuilding a strong relationship with her mum. Contact occurred once a week for this young person for an hour and a half and was shared with her two brothers who

were also in care. Feeling dissatisfied with the frequency and duration of contact, Stephanie requested an increase, however contact arrangements remained as so.

“I went into care first of all um whenever I was only about 9 and I was moved to Portavogie with my two brothers and contact was shocking like. I had, it was like an hour and a half once a week on a Saturday were we had to meet in a public place. It was always like a park or something so and every time more, like more contact was asked it was not allowed for a start and the whole time I was there, I was there a year and a half and it was only once a week ever that I got to see my mum”. Stephanie

It was not clear to Stephanie as to why increased contact was not permitted, leaving her feeling confused and distressed. If there was a reason why contact in this case could not be increased, this was not effectively communicated to her, which resulted in Stephanie feeling she had no say as to the frequency and duration of contact. Similarly, Lucy also described her desire for increased contact with her birth mum. Originally Lucy had contact with her mum once a week and given that reunion was once again communicated to be the ultimate goal, it seemed this amount of contact was not sufficient for Lucy to effectively bond with her birth mum and prepare her for returning home. The duration of contact in this case was described to have an impact on what activities could be experienced during contact sessions.

I: So at the start you saw your mum once a week?

L: Yeah

I: And what did you do then?

L: Well we would have like went to McDonalds. Ah it was like 12 to 2, yeah, on the Saturday and we would have just like, we didn't, we didn't have like a lot of space of time to do you know like go out shopping or anything like that. But so we just usually went to the house and just kind of chilled out or go to McDonalds or something like that. Just a variety of different things

When Lucy was asked if this amount of contact was sufficient to maintain a close relationship with her mum, it seemed evident that the duration of contact had an

impact on the dynamics of this relationship. By not being able to engage in certain activities during contact sessions, Lucy felt her relationship with her mum was impacted by such restrictions.

“Well at the start like I didn’t like agree with it because there was nothing really like, you couldn’t be like a normal mother and daughter. Like you couldn’t go out shopping, all that there stuff. And you couldn’t bond in that like space of time”. Lucy

It seems this young person’s perception of ‘normal mother and daughter’ behaviour was constrained and effected by the duration of contact and the activities they were limited to. Lucy described not agreeing with this arrangement. However, it was unclear as to whether or not she verbalised this request to her social worker. The importance of including young people in the decision-making process is once again highlighted by this case. Had Lucy been involved and had a say when contact arrangements were agreed upon, perhaps she would have either understood why this amount of contact was decided to be appropriate for her and her mum, or she could have had the opportunity to voice her opinion as to how much contact she felt was necessary in order to maintain a close bond with her mum. Support and advice on how to effectively manage restricted contact sessions for both parents and children seems essential, if meaningful contact is to be achieved. The implications of having contact which does not meet the needs of all parties can result in important relationships being affected, and young people feeling distressed that sessions are not delivering the quality they wish for.

Lack of Control

For the young people in the current study, being removed from birth parents and entering the care system seemed to be associated with losing elements of control over certain aspects of their lives. This loss of control was experienced in a range of diverse situations and affected each individual’s life in a significant way. Some of the young people in the study had no or very little control over aspects associated with contact due to parental behaviour or attitudes. For example, Peter’s parents

both had severe alcohol issues which impacted contact in a number of different ways including the frequency of contact, duration, location and overall experience of contact

“But half the time mum and dad always blew it because they brought in drink or they tried to drink before they came to the centre and they done their best to act sober and the social workers were just like ‘they’re drunk, send them home’. And then not long after that, once mum and dad separated, contact blew away. Because it was so hard to find either one of them and bring them to the centre. So it was just like, I went without contact for a few years with mum”. Peter

The literature has reported the potential negative impact of having parents who suffer from alcoholism for children and young people including increased risk of alcoholism and depression in adulthood (Anda *et al*, 2002) and lower academic achievement (Berg *et al*, 2016). In terms of contact, this exposure to parents under the influence of alcohol did not seem to have an impact on Peter’s desire to continue with contact. However, the impact this had on the arrangement of contact sessions meant the frequency and duration was reduced to four times a year for a total of 15 minutes per session within a contact centre room.

P: And I hear contact now, it can be outside and like in wee cafes and stuff. See if we had that back then. But then you see with mum and dad’s drinking problem, could you bring them out in cafes and all, out in the open? You see that’s what you’re up against. So maybe back then the wee small room was ideal for their problem at the time. But even like if contact was longer during the session because it was just like 15 minutes

I: 15 minutes, was it?

P: Swear to God ah ha, excuse my French. I should say that’s the God’s honest truth (laughs) you know. 15 minutes, 15 minutes it was but maybe again you see that’s because mum and dad, they weren’t always sober half the time

P: And if I am honest like out of all the contact sessions we had, maybe 1 or 2 sessions they were actually genuine sober. And then whenever they were sober they were just like 'can we take them home now?' And they were given trial periods and stuff but, (makes a click noise with mouth) back on the drink again

Perhaps Peter's understanding and compassion for his parent's situation was the reason he desired to maintain and rebuild their relationship through contact sessions. The reason may also have been the fact Peter described his pre-care relationship with his parent's as being very strong. However, the lack of control over his parent's lifestyle and behaviour resulted in contact being of poor quality, as Peter's parents would often attend sessions intoxicated, resulting in contact being suspended early or terminated for a period of time. Surprisingly Peter described contact sessions as unsupervised, however he did describe the contact room as having a two-way mirror. In this case it seems contact arrangements were centred on safeguarding the children from parent's adverse behaviour and consequently Peter seemed to have no control or say in any decisions made regarding contact with his birth parents.

In terms of contact being restricted due to parent's situations, Michelle also described feeling a lack of control over certain aspects of contact, namely the location and activity during sessions.

I: Right. Who decided where contact was?

M: Ma and my dad. It was like if, it depended if they had money or not. If they'd money they'd take us out swimming or they'd take us out for lunch or whatever. But if they didn't then it was in the contact centre

I: Right. Did you ever say to anybody can we have it anywhere else?

M: Yeah (laughs)

I: Who makes the decision then?

M: It was always the social worker. I say to them like I hate coming here, like there's nothing to do and they says well this is the only option that we

have if you know your mum and dad can't afford to go out anywhere in the public. I says like can we not go somewhere that you don't have to pay for, like the park or somewhere and they said that the contact centre was the only place. And I just thought it was ridiculous that you had to pay money to see your child

In these circumstances contact sessions were restricted by Michelle's parent's financial situation leaving the young person feeling devalued. Michelle had expressed her desire for varied contact sessions in order to improve the overall experience, however without reasonable explanation was left feeling frustrated and distressed. Contact in this instance controlled by a situation in which Michelle had no say, however has this had a great emotional impact on her.

Contact sessions can be highly emotional for children and young people due to a number of different reasons, however when a young person feels they have no control over arrangements and aspects which affect the quality of parental contact, this can have a negative impact on their overall experience of contact and can result in young people feeling devalued and distressed. Unfortunately, in this case Michelle was ultimately unable to establish a relationship with either of her birth parents and has not maintained contact with either of them since. This case highlights the need to involve young people in contact arrangements and empowering them to have a say in situations and experiences which impact their lives.

Like Michelle, Emma also felt she had little control over how contact sessions were arranged as she described the impact of her birth mum's aggressive behaviour during sessions and how this effected future arrangements.

"Em, well there, like our contact changed so many times. Like we, we moved from supervised contact in the actual social service's building to my

aunty supervising it. And she tried it with me and my sister, but then again my mum thought she could get away with anything just because it was her sister. So then that was out the window and then whenever em, I got older I thought I could maybe have contact with my mum without a social worker, without anybody there, no (laughs). It was bad, but like I sort of thought I could cope with it and it would be alright, I could handle her. And like I was doing my Alevels at the time and I just couldn't. And then I see her, like the last time I seen her it was in May and that was just to give me my birthday present, it was just a wee 5-minute visit and I haven't talked to her since".

Emma

Emma described experiencing rejection and verbal abuse during contact sessions, resulting in frequent changes to the arrangement of contact. Originally contact was supervised and took place in public settings, however as her mum consistently verbally abused the social worker, contact was consequently relocated to a contact centre to ensure a more secure and safe environment. However, this change in contact arrangements only served to expose Emma to further emotional distress. Emma describe how her mum would not speak to her throughout the duration of contact and focus her attention on helping her younger sister with her homework, leaving emotional feeling rejected. Emma also described how she felt her mum would use the opportunity of unsupervised contact to blame her for being in care. This had an emotional impact on Emma, as she described how she found it difficult to cope emotionally with sessions mainly because she felt she did not get the same love and attention from her mum which her younger sister received.

As a result, contact was subsequently changed once again, with supervision put in place by social services involving Emma's aunt. Unfortunately, this once again resulted in Emma being exposed to further verbal abuse, and left Emma feeling unsafe during contact sessions. The frequent changes in contact arrangements were due primarily to Emma's birth mum's behaviour, therefore frequent changes represented measures taken to safeguard Emma. However, the experience did not appear to improve and seemed to further promote a sense of instability and

emotional distress in Emma's life. Other stressors in her life such as exams, resulted in Emma deciding to suspend sessions. However, she described how she would often change her mind and try to re-establish a relationship with her birth mum. This resulted in more emotional distress and re-exposure to verbal abuse, causing further breakdown in the relationship. This case highlights the emotional impact of parental behaviour during contact sessions for young people in care and how little control some young people consequently have regarding the quality of contact sessions. It also highlights the importance of purposefully planned contact sessions, to meet the specific needs of all parties involved. In this case, contact served only to re-expose Emma to further verbal and emotional abuse, impacting her self-worth.

It seems evident parent's behaviour and personal situations can potentially impact contact and control certain aspects of arrangements and the overall quality of the sessions. All the young people in this study did attend contact sessions for a period of time in the hope of establishing a relationship with a birth parent. However, this effort was not always mutual, and often parents would be unreachable to social services and did not show up for arranged contact sessions for a number of different reasons. As previously mentioned, Peter's parents both suffered severe alcohol issues which resulted in very little contact and contact of poor quality. It was clear this experience had a distressing impact, which led to Peter requesting counselling services to help him emotionally deal with the trauma this had caused

"And then there was a bad time you know. I think it was all the time you see your mum, my mum on the street. I needed counselling for that because it was so bad like. It's bad enough walking by a homeless person in the street let alone a relationship, you know to you, being your own mum you know. I was just like 'oh my God' you know that's terrible like". Peter

The impact of Peter's parent's being homeless meant social services found it extremely difficult to contact them to arrange contact. This resulted in Peter not having any contact with his mum and dad for a number of years. This lack of contact appears to have left this young person feeling abandoned by both his parents.

“And then mum, she gets to see us all the time and now like. But back then you’re just like ‘where is my mum’ and stuff. Because even though I was saying about the whole four times a year thing, she just went off the radar like dad for a few years and we were just like ‘are they dead or what’s going on’ or you know ‘what has happened?’ But then now and again it hurts. Like it still ... still makes me think ‘wow, that actually happened’. But I’ll tell you, now and again I would be walking by my own mum on the street you know and that’s tough. That, that hurts like. And I would be going up to mum and being like ‘mum can I just even take you for something to eat?’ But she’s lying half dead on the streets of Belfast”. Peter

Peter described feeling lost and confused wondering “*where is my mum*”, highlighting feelings of abandonment. He doesn’t seem to place any blame or anger towards his mum regarding her lack of contact, instead he almost reverts his behaviour to that of a lost child, frightened and vulnerable. He then described how he and his brothers feared for his parent’s safety wondering “are they dead”. Perhaps his parent’s issues with alcohol meant the children took on a reverse role, feeling they were their parent’s carers, wanting to protect them. By offering his mum food, this portrays how helpless Peter felt in this situation, and the desire to want to care for his mum and protect her. Without contact it seems the children had no information regarding their parent’s safety, resulting in them feeling helpless and distressed. The extent of the trauma caused by this experience was also evident in Peter’s reflection of the situation “*wow, that actually happened*”. When Peter recalled this experience, it illustrates the emotional pain it still caused, and it resonates a feeling of disbelief, that he experienced and coped with such a traumatic situation in his life. What’s interesting is that although Peter had very little contact with his parents, his desire to maintain a strong bond was not impacted by this. Even when Peter had no contact with either of his parents for several years, their role as parents was still evident and their lack of contact was almost portrayed as temporary.

“Because back then it was just like, I do have a dad, he’s somewhere, he’s out there but I..I never see him. And that was the same with mum as well,

whenever she went off the radar, on and off on and off. I was just like I do have a mum, she's out there somewhere but I've no idea where she is".

Peter

In this case it seems contact was not necessary to maintain a bond between Peter and his parents, however it did serve the purpose of informing Peter and his brothers of his parent's life situations and health status and reassured them that their parents were still alive. If this was the main purpose of contact, perhaps direct contact was not the most beneficial option here. Peter described the impact of lack of contact with his parents and his mum's experience of homelessness almost in a series of reactions. Initially he seemed to have reverted his behaviour to that of a lost child wondering where his parents were, feeling vulnerable and lost. He and his brothers then began to panic and fear that his parents were dead. Peter then accepted his parents were out there somewhere, he just didn't know where. This almost portrayed a feeling of acceptance that he had no control over the situation. But interestingly Peter then described feeling optimistic and described fantasising that his parents had turned their lives around and were both in a more positive place.

"Well it left me having doubts, it's because like 'is she alive, is she dead, where is she, is she still drinking?' But then there was always the thought, aw she's doing well for herself you know. They are living, there's dad's over in Scotland, he's doing his jazz and mums got herself cleaned up, always that. But whenever we saw them in town or whatever, especially mum, we're just like 'oh my God she's worse'. And she was getting beat up and stuff you know". Peter

Here it seems Peter is putting his parent's health and well-being before his own desire for contact and a relationship with them by imagining they are living positive happy lives. Fantasy appears to be used as a coping mechanism here to help deal with the loss of contact with his birth parents and the fear and helplessness he was experiencing at this time. The contrast between Peter's fantasy and reality depicts the traumatic impact of the situation by describing his mum's living conditions and situation as worse than before. Reality was so distressing, Peter fantasised of a better

life for his parents, so he wouldn't have to cope with the trauma reality imposed. Peter then went on to describe the moment in his life when he was reunited with his birth dad after 10 years without contact. Peter had attempted to find and reconnect with his birth dad several times, which seemed to be of no avail for a number of years,

“But again it was back then, heavy drinking and stuff. He didn't know what was left and what was right and he didn't recognise us and stuff and gram was just like ‘Jim will you write your phone number down’ and stuff. Gave us his phone number, rang, rang, nothing. 10 whole years”. Peter

The description of his dad being unable to recognise Peter and his grandmother highlights the extent of his alcohol issues and the impact they had on his general functioning. It also draws light on the amount of time which Peter and his dad had not had any contact and how much Peter had grown and developed in that space of time into a young man. It also highlights a sense of loss for Peter, in that his dad hadn't the same love and need to reconnect as Peter had. However, regardless of the time passed, the desire to have a relationship with his birth dad once again had not been affected by any of these changes for Peter. This signifies the strength of the bond Peter had with his dad pre-care and how although contact was completely out of Peter's control, it did not impact on his love for his dad. Peter eventually became reunited with his dad in an experience Peter described as “a *really really good story of mine*”, one which he described with sheer joy and pride.

“A lot of feelings you know a lot of emotions. I was ecstatic, you know dad's finally back, he's alive, he's well and stuff you know but then there's always the doubt, is he still drinking? Is he drinking heavily? What's he like? Will he recognise us or whatever? But he came over and Jim, the only thing that's changed about him is he's a few more wrinkles on his face (laughs) but that's about it. But it was so so good and it's great we're in touch with dad now and that's solid you know. Same as mum, solid. But back then you know, we never, I would probably say we never met her back then you know because we were kids. We did need our parents like in our lives, but contact

was, wasn't great let's just say you know but it is now and thank God we've been able to catch up on all the years we missed you know. And thank God they're alive and well you know". Peter

Initially Peter described feeling “ecstatic” to finally have his dad back in his life. This implies firstly Peter does not hold any resentment towards his dad’s lack of contact and lifestyle choices which had a distressing impact on Peter emotionally. Secondly the word ‘finally’ suggests this is a moment Peter had been expecting and wanting for the past 10 years and that he never gave up hope that his dad would return to his life despite having no control over the situation. Peter was then instantly thankful that his dad is alive, an ongoing fear which he and his brothers had experienced throughout their time in care. This also brings light to the reverse role he and his brothers adapted towards their parents, in which he felt a duty to care for and protect them. Peter then described feeling doubt regarding his dad’s sobriety and worry regarding the extent of his dad’s addiction. The trauma of being exposed to his parent’s alcohol addiction and the impact this issue had on their lives and relationship have resulted in Peter feeling distressed about the prospect of having to cope with those experiences again.

Peter then highlighted how little his birth dad had changed, in a positive and comforting way. The bond Peter had with his parent’s pre-care, did not seem to be affected by their alcohol issues or lack of contact, describing his current relationship with his parents as “solid” implying strength and durability. Peter expressed how much he and his brothers needed their parents in their lives, however given his parents lifestyle, contact did not serve to benefit or strengthen their relationship. The need for his parents, no matter the nature of the relationship, once again signifies the strength of relationship Peter and his brothers had with their parents. Overall this young person ultimately had no control over contact or the relationship he and his parents were eventually able to establish, these decisions and developments were consequences of his parent’s lifestyle and choices.

Like Peter, Michelle also experienced a lack of control relating to her parent's attendance at contact sessions. Michelle's contact sessions were with both her birth mum and dad; however, Michelle's dad was then incarcerated and her mum's attendance at contact sessions decreased.

"Am .. but we never really had much contact like it was, it was like twice a month, it's like every 2 weeks and then my mum wasn't turning up so it was like once a month, and then she wasn't even turning up to that. And then it went on like a full year and a half of where I just hadn't seen her at all. Like I was forgetting what she looked like. And then it was only when my dad got out of jail that he made her come. But even then it was only once a month".

Michelle

In this case, the reduction in her mum's attendance at contact sessions impacted Michelle's relationship with her mum as she describes how she was beginning to forget what her mum looked like. This implies what little contact her mum did attend, was not meaningful enough to maintain or rebuild a strong or positive relationship with Michelle. The quality of contact may also have been affected by Michelle's perception of her mum being made to attend sessions with her dad. For Michelle to attend contact under the perception that her mum had no desire to be there, may have impacted her self-esteem and self-worth. When asked to describe how she felt when her birth mum did not show up for arranged contact sessions, Michelle reported feeling unwanted and distressed

I: How did it make you feel your mum not showing up first of all, to contact?

P: (Exhales) ... At the start it really hurt like, it really did. But then like after the first couple of months you were just expecting it you know. You were just saying it was a waste of time even going out because I know she's not gonna be there. Am and then you turn up and she's not there and the social workers try and ring her and contact her and nothing. You're waiting there like an eejit

Michelle described becoming accustomed to the rejection she experienced from her mum not attending contact sessions and the humiliation she experienced whilst waiting for her mum to show up. Like Michelle, Emma was also exposed to rejection through contact sessions with her birth mum resulting in contact being reduced due to her birth mum also not showing up for contact

“At the start we had it once a week and then it moved on to twice a week and then my mum just kept cancelling, so then it was just all over the place”. Emma

The impact of persistent neglect may have important and possibly long-term consequences for a child’s development and has been associated with neurodevelopmental difficulties, cognitive ability, educational performance, emotional dysfunction, reduced self-efficacy, insecure attachments and impaired social competences (Turney & Tanner, 2003). Contact sessions between both girls and their mums did not serve any real purpose and may have been more damaging than beneficial, by exposing them to neglect and rejection. When asked if there was anything you would change about contact looking back, Michelle replied “everything”. Regardless of Michelle and Emma’s desire to try to build a relationship with their mums through contact sessions, it seems ultimately this was their birth mum’s choice and they had no control over the development of the relationship.

For young people in care, experiencing a lack of control extends beyond the experience of contact sessions, and into the relationships they build with key individuals in their lives, mainly social workers (Selwyn, Wood & Newman, 2016). Throughout research, children and young people have identified the importance of having trust in their relationships with social workers (Selwyn, Wood & Newman, 2016). Young people’s relationships with social workers have been consistently identified within the research as having a central significance (Munro, 2001; Selwyn, Wood & Newman, 2016), as well as their desire to feel supported emotionally and practically (Larkins *et al*, 2015). Research also suggests however that if these needs are not met, that this may impact young people’s emotional well-being, in particular

their self-esteem and sense of belonging (Dickson, Sutcliffe & Gough, 2010). Four of the young people in this study had a number of different social workers throughout their time in care which had an impact on each of them in various different ways. Throughout his journey in care, Peter had a total of 16 different social workers, impacting his self-esteem and ability to trust adults.

“I’m always like, I was a bad kid back then, but absolutely not, you know, it was people were falling pregnant, getting married and stuff and I think, I always say to be having a social worker you need a stable relationship. Like 16 social workers. And again it didn’t mess with my head but again I just thought that’s, after the turn of the month you get somebody new. But it was so hard. See throughout my teens you build some, you know I’m a people person and you build up a relationship with this person, you know the social worker. And they’re like like ‘bye bye I’m getting married, bye bye I’m moving’”. Peter

Peter initially blamed himself for the turn-over rate of social workers he came into contact with throughout the years, labelling himself as a bad child. Stigmatisation has been associated with self-esteem, (Buchanan, 1995) therefore by feeling responsible for his social workers leaving him, Peter’s self-esteem was impacted, resulting in him feeling responsible for this departure. The sense of maintaining a stable relationship as Peter identified is also very interesting, as many children and young people in care experience a lack of stability in their lives (Sen & Broadhurst, 2011) and the importance of maintaining a stable relationship with a key individual is crucial for their overall well-being (Bell, 2002). Not only can the inconsistency of a stable social worker have an impact on young people’s self-esteem and well-being, but it may also have an impact on their ability to form new secure attachments to future social workers, in fear of feeling rejection again. Peter described how difficult he found it to open up to his social worker initially about his mum and dad’s alcoholism.

“I always thought that I was a bad kid and that it actually left me sad as well. It’s because like my God, you’re a friend of mine you know. And

mainly I felt more sad in my teen years because obviously my brain had developed you know so it's scrambled eggs somewhere up there you know (laughs). But when I was young I just thought this is the way the world works. But as you grow up you're like building trust and building a relationship and a friendship and they're just like 'bye bye', I'm just like aw I have to start all over again. You're telling all your life story about somebody else and back then like it was so hard saying my mum and dad's an alcoholic, because that's what they were like. You know there's no beating around the bush. You know you can't say, oh they had a wee drinking problem. They are alcoholics". Peter

Research has suggested that early maltreatment may impact children and young people's ability to form secure attachments and trust people (Zeanah *et al*, 2011), therefore through this experience of rejection from social workers, young people's trust in their social worker may be compromised, affecting their willingness to open-up and build meaningful relationships with future social workers. For example, Stephanie described a sense of disorganisation, de-valuing the trust she placed in social services.

S: Well we had so many changes with social workers. We've had more than like 13 social workers in that period of time. So it was, there was only about 2 of them I actually liked. Patricia stayed for ages and Vera stayed and the rest just came and went and they didn't really know what was going on. So whenever it was their turn to be our social worker they didn't know what they were doing. That was really frustrating. Like most of them just got pregnant and left and didn't come back.

I: How did that make you feel?

S: It was so bad because I wouldn't be somebody to have like a good relationship quite quickly, I'd have to work it up and have trust and stuff. So having someone and then them leaving was like not that good. I didn't like it. And then I had Pamela and then we changed like teams for a while and then we came back to our old team to have Pamela again. Me and her like have a really good relationship. But no like there was loads of people came

in and out of my house all the time to see me and I was like, I don't even know like what you're doing, who are you? But it was so annoying like. They were there for, we had one that was like twice they seen us. That was it and they were gone. And we had someone new again within like another 2 weeks, there's somebody new and then it's same thing. Then they went off on like maternity leave so they went and somebody else came. Instead of given us someone that they knew could stay the whole time, that wasn't pregnant, that didn't have to go on maternity. They kept giving us somebody else.

The sense of effort Stephanie describes here in building a relationship with her social worker and establishing trust is particularly important as she had a past of withdrawing into herself and feeling she had no one to confide in. Stephanie was sexually abused for a number of years in care by her older brother before she opened up about her traumatic experience to her birth mum. Therefore, to build trust in a new relationship is something Stephanie has had difficulty doing in the past, and to consequently have that relationship breakdown after much effort may have an impact on her willingness to trust people in the future. The impact of having a high number of social workers also affected organisational aspects, adding to a sense of instability to contact arrangements. Feeling like her social workers were unsure of how to work with her situation also appears to have left Stephanie feeling devalued as a person, and feeling as though she was just another case, in her description of the arrival of new social workers “*whenever it was their turn to be our social worker they didn't know what they were doing*”. This perception of her social workers not knowing what to do also left Stephanie feeling frustrated, as she had no control over this situation. The sense of instability and rejection was also evident in accounts of other young people including Emma and Michelle

I: Did you have the same social worker then for the entire time?

E: It changed so many times

I: Did it? How many did you have?

E: Oh like, like I know there's people out there that have way more, but I had about 10 and I thought it was awful. Like you got close with somebody,

you really trusted them and then the next thing they got moved or to a different case. Emma

I: How was your relationship with your social worker?

M: Crap

I: Was it the 1 social worker you had?

M: No about 30

I: why?

M: Because some of the foster homes that I moved, they were out of a certain district and then I had to move to like a different social work branch if you know what I mean? Am so yeah I had a different social worker all the time. Michelle

Overall what these accounts suggest is that children depend on their relationship with their social worker to help enable them to voice their opinion, influence processes, promote their interests and rights, and support them through their journey in care. However, to achieve this, these young people must be able to have a stable social worker or key worker to whom they can trust and confide in. The high-turnover of social workers evident in this study highlight the financial constraints social services face and the impact this has on the young people's self-esteem, sense of stability and ability to form new relationships with future social workers. This is another aspect of being in care which young people have a lack of control over but are affected greatly by the consequences.

Another aspect which young people identified as having a lack of control over was with sibling contact. Research has shown that sibling contact can play a crucial role in reinforcing a sense of stability and emotional continuity for care experienced children, who often face much instability, fear and confusion (Gardner, 1996; Hegar, 1988; Herrick & Piccus, 2005; Lundström & Sallnäs, 2012; Sen & Broadhurst, 2011; Shlonsky, Webster & Needell, 2003; Whelan, 2003). Research supporting the critical function of maintaining sibling bonds has been reflected within child welfare policy, emphasising the need to place siblings in care together where possible

(Department of Education, 2005). It is stated in the Children Act 1989, that in cases when siblings cannot be placed together, all parties are required to enable contact in order to maintain a strong bond and relationship between siblings (Department of Education, 2005). It is also stated in the 1989 Act that the child's views and opinions should be central to decision making during all assessments and that children should be encouraged and feel comfortable to express their views regarding sibling contact (Department of Education, 2005). However, a number of studies have found children can experience certain barriers in attempts to maintain an adequate level of contact with siblings including pressures on social services, and foster placement restrictions (Hegar, 2005; Herrick & Piccus, 2005; Kosonen, 1996; Sen & Broadhurst, 2011). Issues regarding sibling contact were identified with some of the young people in the current study, with restrictions being imposed on contact from different sources. For example, Michelle shared a placement with her older brother, however her four younger brothers were all placed for adoption due to their age. Once proceedings were in order, contact with her siblings was limited to just once a year.

M: Am me and my brother, my older brother, got to stay together. But I've 5 brothers and the rest of them all got separated because you know they were younger

I: What about your siblings, your other brothers?

M: Seen them once a year at Christmas

I: How did that make you feel?

M: Because they were younger they, most of them got adopted. Am was only allowed to see them once a year. It was heart breaking like ... Every year and because they were so young like they were turning up and not even knowing who we were. You know the younger ones like, it was really bad

I: So do you think seeing them once a year, did that maintain like a bond between you?

M: It was just more or less to remind them of who we were. Michelle

Contact arrangements post-adoption are left to the discretion of the adopter and organised with the proposed source of contact, however the court can record on file

the contact arrangements which have been agreed. Birth parents immediately lose their parental status once the adoption order has been finalised and are no longer applicable to apply for a contact order without the leave of the court. This is also pertinent for anyone else connected to the child wishing to have contact, including siblings and extended birth family members. This can make it difficult for young people such as Michelle to maintain contact with adopted siblings. Contact once a year has not been enough to maintain a strong relationship between the siblings, resulting in Michelle feeling emotionally distressed.

I: So do you think seeing them once a year, did that maintain a bond between you?

M: It was just more or less to remind them of who we were. Because at the start when we turned up, like every year when we turned up they didn't know who we were until the social workers had said like 'this is your brother and sister, remember you seen them last year at Christmas' blah blah and then they sort of played with us and whatever but it was never close if you know what I mean. Like it was just, it was like meeting them all over again for the first time every year because they were growing up so much within that year and forgetting who we were

I: How did that make you feel?

M: It was heart breaking. Michelle

Michelle described the purpose of contact here to simply remind her siblings who she was, not to help maintain or build a meaningful relationship. Purposefully planned contact with siblings and other important individuals in the young person's life has been associated with positive identity formation, increasing sense of security and resilience (Scott, O'Neill & Minge, 2005). Although the importance of maintaining the sibling relationship has been cited in the literature, it seems difficulties with regards to support and facilitation are ongoing. The distressing impact of Michelle's younger siblings not recognising her has had an emotional impact on her sense of inclusion within her birth family. However, the impact of limited support and contact with other extended family members was also evident in the current study.

Donna had attempted to have contact with her two nieces, daughters of her older brother. However, due to her brother's connection with drugs and a breakdown in his relationship with the niece's mum, contact was not permitted. Donna was clearly upset by her niece's mum's decision to restrict contact due to her brother's behaviour and described a feeling of loss. Similarly, Tina also experienced restrictions when actively trying to arrange contact sessions with her younger siblings who had been placed for adoption;

I: So how did contact go with the siblings then at the start?

T: Really good, I loved seeing them, especially my younger sisters because they were really cute. But I haven't seen them in, well the 2 younger ones I haven't seen in about 8 years

I: Why was that?

T: Because they went into care and then because of the reason why they went into care, which I'm not really sure why they did... All I know is when they went into care, is my mum was never allowed to have contact with them again and then because at the time I had contact with my mum, I was also cut off. So I haven't really sorted it out because the people who they went into care with adopted them, but they're not sure like they don't really want to talk to us encase we bring my mum back into it. So it's all like difficult to sort out ... I think the youngest one doesn't even know who I am so ... I would like to have a proper relationship with my siblings like because, well I do now with my older sister because we started talking more. But it's still not really like sister-sister kind of thing, but I'd kind of really like that so ... Yeah if I had seen them more, I would have been known more about them and been able to bond I guess

I: And did you go to social services about that?

T: Yeah but apparently we can't see them because of mum so. Tina

Restrictions have been imposed here by the adoptive parents in an attempt to safeguard their children from exposure to potentially distressing or harmful situations. However, by not making a clear distinction between siblings and birth parents, it seems Tina is being punished by not being permitted contact due to past

experiences involving her mother and siblings. Again, Tina has highlighted the impact of not being recognised by younger siblings due to a lack of contact and the impact this has had on their bond and relationship. Tina describes her desire for a “proper relationship” with her siblings, which has been prevented by a situation which is out of her control. This highlights the impact these restrictions have had on her sense of identity and the loss she has experienced through lack of contact. Sibling contact is an area which requires more research, particularly research focusing on the maintenance, support and facilitation of such relationships. Once siblings are placed for adoption it seems all control is taken away from the children and decisions are then made on behalf of the individuals. However, given the importance of sibling relationships and the fact it is generally the longest relationship a person will have in their life (Sen & Broadhurst, 2011) the young people in this study interestingly felt unsupported and a lack of control or choice when it came to maintaining these bonds through contact.

Some of the issues young people faced in relation to experiencing a lack of control were more complex than others, for example one young person described the challenges she faced with contact due to experiencing sexual abuse from a sibling. Current government policy has a focus on improving permanency for all looked-after children in care (Waugh & Rodgers, 2016). However, figures show that around half of looked-after children who are returned home, re-enter care at a later stage with almost a third having a poor-quality experience (Department of Education, 2013). For Stephanie, she described having two separate care experiences due to on-going sexual abuse by her older brother during placement. Stephanie had originally been placed with her two brothers and was preparing to be returned home through unsupervised contact sessions in the family home. However, when Stephanie opened up about her experience of sexual abuse for the past four years, she was immediately moved to a different placement on her own. Stephanie described the impact this had on future contact with her birth parents, as her brothers also continued to have unsupervised contact within the family home.

“So it was like hard trying to find a time that he wasn’t in the house to go round home to like see my mum and dad. So it all had to be arranged around that, with like were to go. But there was times I was in my house that he was there”. Stephanie

Stephanie did not disclose information relating to her on-going sexual abuse for over four years. However, research amongst children and young people who experience abuse and/or neglect within placement highlights that some children and young people found it difficult to disclose persistent sexual and/or emotional abuse until after they had left that placement (Biehal, Cusworth & Wade, 2014). This highlights the need for consistent one on one assessment and feedback from children and young people regarding their placement status to social workers in order to establish the possibility of further abuse or neglect within foster placements. For children to feel they can confide in social services, the opportunity must be there for them to feel safe and comfortable to disclose any information or issues they may be experiencing within placement (Biehal, Cusworth & Wade, 2014). To assume placement is stable and successful due to a lack of negative reports from the child or young person seems insufficient and potentially harmful. Stephanie was removed from her current placement with her older brother with an aim of ending any future contact with him. However, because all three siblings still remained in care, contact with birth parents remained unsupervised within the family home. This resulted in situations during contact in which Stephanie would be exposed to further contact with her brother within the family home.

“So I don’t have to see him but like contact was like really awkward like trying to go into my house and all. I wasn’t allowed to be left in the same room as him. So like I followed my mum and dad like a flipping shadow. But like they, it wasn’t really well like organised trying to be away for me going round because there was times I went round and stuff like that and he was never once taken away from my house”. Stephanie

Given the distressing impact contact being re-introduced with her older brother, it seems contact could have been better structured and supervised to safeguard

Stephanie. Firstly, the location of contact was the same for both young people, however had contact been arranged within a contact centre for Stephanie's brother, the possibility of further unplanned contact may have been reduced or avoided altogether. The timing of contact also clashed on a number of occasions implying there was no set schedule arranged to ensure Stephanie was safeguarded from meeting her brother. Communication between social services, local authorities (if applicable) and the family themselves was not effectively implemented here, therefore Stephanie was exposed to frightening and distressing experiences of contact with her older brother. This once again highlights the importance of effective communication between all parties involved in contact to ensure young people are safeguarded and happy with arrangements.

Overall, it seems decision-making regarding contact is a complex issue which can result in young people feeling disempowered in a range of different ways including the arrangement of contact and the dynamics of relationships children have through contact. The importance of contact is highlighted in all participants' accounts as it has the power to maintain relationships, improve, deteriorate or end them permanently. Given the impact contact has on the lives of all parties involved, it seems the inclusion of children and young people in the decision-making process is vital. However, for young people to express their views and opinions of contact, it must first be made apparent that their views are wanted and valued. This requires social services to present opportunities for young people to feel comfortable in expressing their desires and issues with contact through consistent one on one engagement. This also requires the stability of a consistent social worker with whom they can trust and feel supported by. In the absence of effectively communicating the message of inclusion in decision-making, young people described feeling unaware they were entitled to an opinion, resulting in contact issues which may have impacted important relationships with key individuals in their lives.

The literature has highlighted debates concerning the appropriateness of how decisions are made regarding important aspects of contact including the frequency,

duration and location of contact (Taplin, 2005). Lucey *et al* (2003) found that decisions regarding these aspects of contact lack good psychological determinants beyond the inclusion of children's age and developmental status. The function of such decisions was often not communicated or explained to the young people in the current study, resulting in children often desiring different types of contact and varied aspects than those which were implemented. Young people's views and desires regarding contact also changed throughout their journey in care, including their preferences of the source of contact, whether it was shared contact with siblings, and the continuation of contact with certain family members. However, a number of young people's views were not considered as they felt they were not presented with the opportunity to voice their opinion. Although it cannot be concluded if this had an impact on the breakdown of certain relationships that were discussed, it was evident some young people's overall experience of contact changed over time as well as the dynamic of certain relationships. This highlights the need for consistent reassessment of not just contact arrangements, but children and young people's overall happiness and well-being.

To conclude that contact and placement are both positive due to a lack of complaints raised seems simply ineffective and could be potentially harmful to children and young people as issues may go unnoticed. For many children and young people, entering care results in feelings of disempowerment from a variety of different sources and in many different ways. This can range from parental behaviour and the effort levels parents put in to contact sessions, to the over-all experiences they have during contact. To help maintain a sense of stability and empowerment, including children and young people in decision making aspects of contact, as well as giving them the opportunity to express their feelings on a regular basis may contribute to a more positive experience of contact and their journey throughout care.

Depersonalisation

Of the 7 care-experienced young people interviewed, 6 participants highlighted experiencing feelings of depersonalisation at some point in their care journey. Depersonalisation in this case refers to experiences which resulted in the young person feeling devalued as a person or unimportant to others. Young people in care can experience depersonalisation through a number of different means including through their relationship with their social worker and the language others use towards them. Research has shown that children and young people who have experienced traumatic events such as those who are looked-after suffer lower self-esteem than those who have not been exposed to traumatic events and depend more on external factors to help nurture positive development (Selwyn, Wood & Newman, 2016). This means the care and support which looked-after children and young people receive can have a significant impact on their overall well-being (Selwyn, Wood & Newman, 2016). However, research has also shown that looked-after children and young people are often left feeling devalued by key individuals in their life impacting their self-esteem (Buchanan, 1995; Leeson, 2007; Munro, 2001).

Relationship with social worker

Young people's experiences with their social worker sometimes resulted in them feeling devalued. Research by Butler and Williamson (1994) suggests that children and young people who are looked-after often favour and seek a "more emotional, empathic level of interaction" from their social workers, however the reality is often "almost technical, allegedly 'robotic'". Most of the young people in the current study highlighted the importance of the relationship between themselves and their social worker. Despite the high number of social workers most had experienced, the quality of interactions the young people had was varied and dependant on the social worker they had at that time. For example, Emma reported on her social worker's reliability in matters such as time keeping.

"So now I have this other one and she, like her timing. Like she would say 'Emma I'll come and pick you up at 12' but she doesn't really come until like half one which does my head in". Emma

The issue of time keeping is one which has been highlighted in reports of looked-after young people in a study by Munro (2001), in which social services were criticised for being unreliable with regards to keeping appointments, being on time and commencing reviews on time. In one sense this may reflect the pressures social services face in their everyday workload. In a study by Larkins *et al* (2015) the variation in access to resources across the different social work districts was evident with some families having access to more comfortable contact facilities than others. Young people in the study also highlight the difference in the quality of attention and support they received from particular social workers in comparison to what others received. It must be noted, given the pressure social workers face with limited resources and large workloads, it seems issues such as time keeping may only reflect the quality of service a social worker is able to provide within the space of time he/she has throughout the day for each family and young person. Never-the-less it highlights how poor time keeping can result in experiences of feelings of being devalued amongst looked-after children. Emma described how she would vent her frustration to her peers within VOYPIC who also shared similar experiences and therefore could relate to her distress. It seemed Emma felt little importance was placed on her feelings or arrangements with her social worker and felt she could no longer rely on her.

Like Emma, many young people in care have experienced some form of neglect from a birth parent at some point in their lives (Dickson, Sutcliffe, Gough & Statham, 2009). Social services therefore have a duty to provide a service to that which is reflective of a 'corporate parent'. However, occurrences which result in young people feeling devalued by their social worker may recall memories of rejection or neglect which may in turn impact the overall relationship between the young person and their social worker as well as their well-being. For young people who have lost faith in adults whom they trusted, they may even be more vulnerable to abuse or maltreatment as they may be less likely to feel confident in opening up to adults for help (Butler & Williamson, 1994). Therefore, it seems issues such as time

keeping should be prioritised as the impact it can have on a young person can result in them feeling frustrated and devalued as a person.

Decision-making Processes

Including children and young people in decision making processes can lead to more accurate information and result in better outcomes for all parties involved (Thoburn, 1996). However, when looked-after children and young people feel ignored or that their opinions are not valued, child-abuse inquiries have demonstrated that this can have serious implications for the young person's welfare and safety (Berridge, 1996; Sinclair, 1996) as they may no longer feel comfortable or confident to report issues or concerns. Young people in the current study identified 'looked-after children's reviews' as being one of the main (and in some cases only) opportunities they had to share their wishes and feelings with social services. However, young people in care may find the experience overwhelming due to the formal atmosphere of the review and the inclusion of both professionals (such as teachers and doctors) as well as key individuals with whom they have a personal relationship with (such as birth parents and foster parents). For Stephanie, the experience was emotionally too much for her to cope with.

"But they do, they speak about you like you're not sitting there. It was so scary. The first one I went to like I was so scared I just cried. I just cried when I was sitting there, nothing actually really happened". Stephanie

During reviews decisions and issues are discussed regarding different aspects of the young person's life such as their relationships, their mental health and contact arrangements. Therefore, given the importance of such reviews, it seems crucial that young people feel comfortable enough to voice how they feel and highlight any concerns or requests they may have. However, the reality here is that reviews are not particularly 'child/young person friendly', and instead have resulted in young people experiencing emotional distress due to the intimidating nature of the meeting (McLeod, 2006). In a study by Munro (2008), a group of looked-after young people were asked to share their experiences of being in care and their role in decision

making processes. Young people described experiencing frustration and feeling powerless during reviews as their wishes were often over-ruled without explanations. Similarly, Stephanie described feeling like she was being spoke about as though she were not present, resulting in great distress. The overall impact of this experience left her feeling unvalued and dehumanised, as she highlighted her reaction to certain issues discussed.

“They talk about you like you’re not actually there and you’re sitting right there and you can hear them. And it’s like they say things that aren’t true and I wouldn’t have like a good temper and I was at a meeting one day and they said something I knew it wasn’t right and I just lit on them all and I was like, that is just so not true. I had to leave and like calm down before I was allowed back in again”. Stephanie

When children and young people are not treated with respect, they may experience feelings of marginalisation affecting their resilience to cope with experiences which are emotionally difficult (John, 2003). In the case with Stephanie, it was evident her opinion greatly contrasted to that of social services resulting in a distressing experience of frustration and anger. Often children and young people in care have a history of abuse or neglect, which may result in difficulties in building trusting relationships with adults and opening up to them (Cleaver, 2000). Therefore, overcoming such barriers is essential if young people are to feel comfortable and confident with their social worker in expressing their views and feelings. However, given the high workload social services face, it seems there is more focus being placed on case management and less importance placed on directly working with the young people and families, resulting in serious communication barriers and experiences of depersonalisation. A breakdown in communication, combined with an intimidating environment resulted in this young person having to be removed from her own formal review to calm down.

Overall it seems unacceptable that a review should result in a distressing experience for any young person. The concept of reviews and the manner in which young

people are communicated to by social services is an issue which needs to be addressed. The extent to which children and young people actively participate and understand what is trying to be communicated during reviews is one which has been highlighted in other research, with young people often feeling confused or devalued (Buchanan, 1995; Munro, 2001; Sinclair, 1997). The nature of such reviews should be young person focused and issues discussed should be assessed prior to the review, as to the appropriateness and impact of discussing openly in such an environment. Had Stephanie and her social worker discussed these issues prior to her review, perhaps she would have better understood the message being conveyed and would have had the opportunity to voice her opinion in a more relaxed atmosphere.

Communication Issues

Looked-after children may require extra efforts for open communication due to a history of neglect or abuse (Schofield, Beek, Sargent & Thoburn, 2004). However, research has shown vulnerable children and young people often feel they are not listened to by adults and are not given necessary time for issues regarding their future to be explained to them (Cleaver, 2000; Triseliotis, Borland, Hill & Lambert, 1995). The ways in which young people in the current study were communicated to varied according to the different social workers they encountered during their time in care. Lucy described how she felt ‘nagged’ by one of her social workers, which ultimately had a significant impact on their relationship. The difference in how messages are conveyed further highlights the importance of communication and how this could strengthen the social work relationship.

“She just like really nagged me about stuff and like now like I was, I was really happy about like having Katy. Like Katy, if you do something wrong she doesn’t pure like be like ‘oh you shouldn’t have done that’. Like she like calmly talks you through it and why it’s wrong and stuff like that and like so”. Emma

This shows the ways in which certain issues are communicated can not only impact young people’s relationship with their social worker, but also their understanding of

the message being conveyed. Butler and Williamson (1999) identified three key principles for effective communication with looked-after children and young people; Firstly, social workers must be aware of the context of their practice with vulnerable children and young people. Secondly, it is important to understand the child in their own context. This means being aware of the child's family background and circumstances when communicating, whether through conversing, play or observation. This will help build a relationship of mutual respect and trust between the child and the social worker. Finally, investing in the time to establish a relationship with the child and understanding their personality is crucial for effective communication. This will help the social worker empathise with the child and view things from their point of view. The ways in which messages are communicated to young people can either result in the young person feeling confused by certain issues and feeling unsupported by their social worker or by feeling respected with a clear grasp of the situation. Only through effective communication and a mutual relationship of trust and respect can young people's wishes and feelings be ascertained.

Peter, a care-experienced young person currently receiving after-care support, described how his experience in care resulted in him feeling looked-after children and young people were often devalued by social services and treated as cases rather than people. However, due to the strong bond Peter had with his current social worker and the value she placed on their relationship, Peter felt empowered to voice his opinion and be heard.

“She was just like ‘I’ve known you for a long time Peter and all my other cases as well’. She calls them people, she doesn’t call them cases ... There’s other social workers who just think we’re wee statistics running about you know. But and she’s doing her best to fight it. Her and her team and some of her young people sent letters in so I have to write my letter this week ... to the big bosses who wear suits. I’m totally against people wearing suits and all that think they’re better than us you know”. Peter

This firstly highlights the importance of language and terminology used by social services and other professionals, and the impact this can have on young people. Being referred to as a 'case' rather than a person has dehumanised this young person and given him the impression he is just a number to social services. Even the term 'LAC review' was used by most of the young people in the current study and throughout the research. However, given the importance of such meetings and the weight of decisions that are made here, which can deeply impact a young person's life, to abbreviate the title seems to devalue the purpose of such reviews and the lives of looked-after young people. This young person's description of how he felt social services viewed looked-after children is reminiscent of the stigma these young people often face amongst their peers (Rogers, 2016). Children and young people in care often experience a sense of stigma within society, resulting in them feeling excluded and isolated (Ridge & Millar, 2000).

Feeling stigmatised can comprise of two key aspects, feeling different to others and feeling devalued (Rogers, 2016). The literature suggests that individuals who experience this difference, identify those who are not stigmatised as the in-group, whilst they remain in the out-group (Bos *et al*, 2013). Peter's 'out-group' status is highlighted in the language used here such as 'better than us' and 'we're wee statistics'. In this case he refers individuals of the 'in-group' as 'the big bosses who wear suits', imagery which represents cold corporate authoritative figures. Social services have a duty to provide support indicative of a 'corporate parent', however it seems this young person has been left feeling devalued as a person, with a perception that his social status is seen as below that of the professionals who are supposed to support him. Therefore, the role of social services and how they communicate to and about care-experienced young people can have an important impact on the young people's own self-identity and their relationship with social services. When young people experienced depersonalisation here, not only did this impact them emotionally, but it also had an impact on their perceptions of social services and their relationship with their social workers. If the relationship between looked-after children and young people is not one of trust and respect, how are these young

people expected to feel supported and open up about personal issues and feelings they are experiencing?

Empowerment

Children and young people in care often experience a lack of control over decision making processes in their lives, as the responsibility is shared amongst a number of key people including birth parents, foster carers, social services and perhaps even input from outside agencies (Thomas & O’Kane, 1999). This may result in looked-after children and young people relying on individuals who are relatively strangers to them, to make important day-to-day decisions for them as well as long-term planning. Throughout the UK, current legislation states that looked-after children and young people’s wishes and feelings must be regarded in decision making processes, if under the care of local authorities (taking into account the children’s age, welfare and ability to comprehend decisions). However, the reality of the situation is that looked-after children and young people often feel their wishes and feelings are either excluded or not taken on board (McFadden, 1989; McLeod, 2006; Munro, 2001; Thomas & Kane, 1999). Therefore, to provide the opportunities for care-experienced children and young people to feel confident in expressing their views, professionals and key individuals in the young people’s lives must empower them to do so.

Age

All looked-after children and young people are invited to attend reviews in which many different aspects of the young person’s life are discussed, and decisions or changes may be made. This first young person initially described feeling very distressed after her reviews, resulting in a distressing incident in which Stephanie had to leave a meeting due to her frustration and anger with things being said about her. This experience resulted in Stephanie no longer feeling comfortable enough to attend her reviews and therefore no longer participating in these extremely crucial meetings. Stephanie also felt she had little say with regards to decision-making processes which specifically focused on contact with her birth parents including the

frequency and duration of contact sessions. It is important to note that Stephanie refers to her care journey as two distinct experiences, as she was initially brought into care with her siblings, then later placed in care on her own due to ongoing sexual abuse from her older brother whom she had been initially placed with. In Stephanie's first care experience, she described feeling she had no say over contact matters as she was just 9, therefore contact arrangements were primarily organised by social services. However, during her second care experience Stephanie felt she was included more in the decision process as she felt more able to express her feelings and wishes to social services.

“It would have been this time around I got more involved of like where I wanted it and what I wanted to happen because I then started going to my LACs and stuff. And then I started to speak up but the first time I would have never had a say because I was so young”. Stephanie

The importance of age in terms of becoming involved in decision making processes is highlighted here, as Stephanie has directly correlated her age to her ability to express her opinion. Throughout the literature adolescence has been associated with young people's transition from dependant childhood to independent adulthood and their strive for independence (Spear, 2000). In a study by Munro (2001), looked-after children and young people between the ages of 10-17 were asked to describe the degree of influence they felt they had in decisions which affected their lives. Results showed that older children in the study were more likely than younger children to report complaints regarding reviews due to their desire for more influence and independence. In this respect, the struggle for independence and more influence over their own lives is comparable to that of young people who are not in care, often experienced with their birth parents (Munro, 2001). However, Stephanie's perception that age is affiliated with ones right to speak is worrying and is a concept which has been explored in previous literature (Butler & Williamson, 1994). Looked-after children and young people of all ages should feel confident in knowing they can share their wishes and feelings, particularly with child protection services. However, the competence of younger children and their ability to participate in decisions which affect their lives has often been questioned by professionals

(Archard, 1993; Butler & Williamson, 1994). This has led to professionals making decisions on behalf of children, removing the opportunity to exercise their opinions and feelings and denying children their rights (Franklin, 2002). Butler & Williamson (1994) suggest that if children are not presented with a chance to exercise the skills needed in decision making, including social, emotional and intellectual competencies, then they will remain unskilled for future decision-making opportunities.

Given the importance of contact sessions and the impact they can have on children's well-being (Moyers, Farmer & Lipscombe, 2006; Timms & Thoburn, 2006; Scott, O'Neill & Minge, 2005), professionals must empower those of all ages to participate in decisions regarding contact arrangements. If empowerment is correlated with age and therefore only applicable to young people in care, this may leave younger children more vulnerable to not reporting issues of concern. Therefore, to protect and respect the feelings and wishes of all children and young people in care by empowering them to voice their opinion, we can better safeguard contact sessions and make it a more positive experience.

Relationship with Social Worker

Emotional and practical support is crucial for looked-after young people for a number of different reasons, including educational achievement and developing and pursuing job opportunities (Allen, 2003; Martin & Jackson, 2002) as well as simply having someone to talk to and feel listened to (Baldry & kemmis, 1998). With such support young people in care often feel more empowered and prepared to take control of their lives (Leeson, 2007). Throughout the literature young people have particularly highlighted the importance of support from professionals such as social services and the impact this can have on their ability to feel empowered (Allen, 2003; Baldry & Kemmie, 1998; Leeson, 2007; Martin & Jackson, 2002; Munro, 2001). Peter had a strong relationship with his social worker, however due to budget cuts she was no longer be able to provide him with after-care support and had to leave the team. The emotional impact of knowing his relationship with his social

worker was coming to an end affected Peter in an extremely emotional way. However, due to the emotional and practical support Peter received from this social worker and the strong bond they had established, Peter felt empowered to take action by writing a letter highlighting the effects of budget cuts on after-care support for care-experienced young people.

“There’s other social workers who just think we’re wee statistics running about you know. But and she’s doing her best to fight it. Her and her team and some of her young people sent letters in so I have to write my letter this week ... to the big bosses who wear suits. I’m totally against people wearing suits and all that think they’re better than us you know”. Peter

This highlights not only the emotional impact that budget cuts can have on looked-after young people, but also this young person’s desire to be heard. The support and strong relationship Peter had with this social worker has provided him with the confidence to share his feelings and enabled him to voice his opinion on issues which have a deep emotional impact on the lives of care-experienced young people. Being empowered by the support of social services has also been highlighted in a study by Leeson (2007) exploring the view of care experienced young people with regards to their role in decision-making processes. One care-experienced young person described feeling “powerful” and able to make important decisions for himself due to being recognised as a competent person by his key workers. Therefore, the relationship looked-after young people have with their social worker can play a crucial role in their ability to feel empowered. It is key individuals such as social workers who can provide the tools that these young people need to voice their feelings and wishes and take control of their lives.

At the core of empowerment in the current study was the young people’s desire to be listened to, and the importance of feeling supported by professionals to speak and feel heard. It is noteworthy that cases of empowerment were far fewer than those of disempowerment in the accounts of young people. This does not necessarily mean that the young people overall felt more disempowered than empowered, as these

terms are not intended to be interpreted as opposites of each other in the context of the current study. This may simply suggest that the young people felt more strongly about experiences of disempowerment and therefore the emotional attachment to these experiences lead to more recall. However, what was evident was the lack of opportunities that the young people had to voice their opinion. Although all young people are invited to attend their reviews every 6 months, the experience itself is not particularly inviting and can result in young people feeling distressed, as seen with Stephanie. The opportunity to express their feelings and wishes for young people in care should be a natural process, in the form of open communication rather than scheduled in a formal meeting. However, to feel empowered enough to make decisions, it seemed clear a relationship built on mutual trust and respect must first be established between the young person and the social worker.

In a forum discussion regarding the empowerment of foster care youth McFadden (1989) identified certain key elements which need to be incorporated by professionals to enable young people in care to feel empowered. These included building a relationship, including them in planning, teaching them to make choices and avoiding making them feel different or awkward. The importance of such simple approaches must not be underestimated, nor should the influence of key individuals such as social workers and the impact that such relationships have on young people's ability to voice their feelings. However, literature suggests that professionals often view children through a lens, seeing them more as victims rather than people (Hendrick, 2003). This may result in professionals excluding young people from making decisions, to protect them from making mistakes (Leeson, 2007). However, without the opportunity to make decisions, how can young people learn from their experiences, and become confident and proficient in the practice of decision-making? It has also been suggested that the opportunity for children to take control over decisions which affect their lives can have an impact on their overall health and well-being (Prilleltensky, Nelson & Peirson, 2001). Therefore, it is crucial that children and young people must be enabled to make both day-to-day and important decisions in their lives. Without the support of key individuals such as social workers, young people may not have the means necessary to feel empowered

and voice their feelings and wishes. The desire to be heard was evident with all young people in the current study over decisions such as contact. To empower those in care and provide them with the opportunity to speak it is vital in order to allow young people to take control of their lives. This point was highlighted in a concluding comment made by Emma. She experienced on-going neglect and verbal abuse by her mother during contact sessions, however, when asked if there was anything she would change about contact her response was surprising;

I: So looking back, is there anything you would change about contact?

E: Em, well just having like more say. Like I know the 16plus team's more laid back, but I think the other team, it's better to have more say. Emma

Contact & Placement Stability

All the young people had been placed in alternative living situations, specifically with foster carers, during their time in care. This is representative of the general population of children and young people looked-after in NI with 76% (2,212) in foster placements on 31st March 2016 (Waugh & Rodgers, 2016). The stability of placements and the relationships young people form with their foster carers can play a significant role in their overall well-being (Selwyn, Wood & Newman, 2016). The development of a deep and meaningful relationship with a foster carer can specifically contribute to a young person's emotional well-being through the experience of love and sense of belonging (Chase, Maxwell, Knight & Aggleton, 2006). This was evidenced in the annual survey of children in care and care leavers (Children's Commissioner 2015) which highlighted factors that contributed to children & young people's care experience.

The continuity of relationships established with carers as well as placement stability were all seen as not just important factors in terms of a positive care-experience but also contributors to young people's overall well-being. Foster carers can also play a crucial role in the development of young people's self-esteem with positive and often long-term effects (Luke & Coyne, 2008). This has been achieved when foster carers provided feelings of acceptance, sensitivity, empathy and a stable and secure home for young people (Schofield & beek, 2005). It is important to highlight that most of the young people in the current study underlined the importance of the attachment they had formed with their foster carers and their desire for a lasting relationship with them. However, this particular theme will mainly focus on the impact of young people's placement experiences and their relationship with foster carers relative to its association with contact. The importance of such relationships with key individuals such as foster carers will subsequently be discussed in detail distinct of this theme.

Research suggests contact with birth parents can have an important impact on the stability of placement. Cleaver (2000) identified three factors which were associated with how well children and young people adjusted to living with foster carers

including the age of the child or young person at entry to placement, earlier attachment relationships with adults and contact with birth parents. It was suggested placement adjustment was positively correlated to continued contact with birth mothers whilst in foster care, with 83% of those who had continued contact with their mother as being identified as experiencing adequate placement adjustment. However, more recent research also suggests challenging contact may contribute to placement breakdown (Macaskill, 2002). Moyers *et al* (2006) conducted a 1-year prospective study aiming to identify factors which contributed to good outcomes for young people in care with a sample of 68 adolescents who had recently moved to a new foster placement. Results showed contact difficulties were associated with placement disruption with over half (56%) of young people experiencing placement breakdown when contact was reported to have problems.

In the current study the stability of placement was only assumed to be associated to contact in two cases, with other factors such as self-identity and attachment issues also impacting the young person's placement outcomes. Instead some of the young people's placement experiences were impacted by foster carer's attitudes towards contact, a finding which has been identified in the literature (Simms & Bolden, 1991) and foster carers relationship with birth parents. The importance of the role of foster carers in the maintenance of contact sessions with birth parents was also evident in most of the young people's accounts as well as throughout literature, which demonstrates the impact foster carers attitudes can have on the young people themselves and how contact sessions take place (Simms & Bolden, 1991). When young people in the current study described foster carers attitudes towards contact as supportive, their overall experience within that placement seemed to be viewed as positive. The tasks and roles foster carers engaged in which young people found supportive in terms of contact involved; helping in the preparation for visits, discussing sessions with young people, providing transport, their relationship with birth parents and serving as a link to social services to voice their concerns. However, not all placement experiences were viewed as positive as some young people described multiple placement breakdowns for several reasons, including the young person's behaviour, foster carers moving location and a breakdown in the

relationship between the young person and the foster carer. Disruption such as placement breakdowns can potentially have a detrimental effect on young people's self-esteem and willingness to form new attachments with future foster carers (Butler & Charles, 1999). Placement breakdown can result in young people experiencing a lack of trust with their carer's and can also contribute to their sense of belonging and happiness (Selwyn, Wood & Newman, 2016). The impact of multiple placement moves affected the young people emotionally as a result of a number of factors including the impact of contact with birth parents.

Contact and Kinship Foster Care

The stability of placement for looked-after children and young people has been highlighted as a significant factor in practice due to research evidence presenting a number of positive outcomes associated with this concept, including a sense of belonging, (Biehal & Wade, 1996) increased self-worth (Luke & Coyne, 2008) and feelings of attachment, security and well-being (Mullan *et al*, 2007). Research by Fratter *et al* (1991) Found a positive correlation between placement stability and contact, however other factors were found to have a stronger association with the stability of placement such as the age of the child as well as emotional and behavioural issues. Similarly, pre-care characteristics and placement factors such as foster and birth siblings have also been identified as predictive variables of placement stability throughout the research (Butler & Charles, 1999; Cleaver, 2000; Mullan *et al*, 2007). This suggests contact should not be recognised as a distinct predictive variable of placement stability (Oosterman *et al*, 2007; Sen & Broadhurst, 2011) and instead considered in association with other factors. Within the current study the experience of placement was not enhanced or damaged by contact alone, with some young people living in a stable long-term foster placement whilst having disruptive and potentially damaging contact.

Peter had been placed with his grandparents when brought into care at the age of 8 and remained there until he recently moved into student accommodation closer to university. Like this experience, Emma was also placed with her grandparents long-

term when brought into care around the age of 14. Emma is currently studying and lives with her grandparents and her younger sister. Although Emma spoke very little of her placement, it was assumed there were little concerns and that it remained a stable home to her and her younger sister. Peter however emphasised numerous times how close his relationship was with his grandparents and how grateful he and his two older brothers were to have remained together in this kinship placement.

“You know we are so so lucky to have went to our grandparents”. Peter

The relationship seemed typical of that which one would expect to have with their grandparents, being provided with everything he needed emotionally and materialistically. Both young people also had career ambitions and remained in education to achieve their goals. Peter described the support he had received from his grandparents when he moved into student accommodation and how they reassured him he always had a home with them. However, contact for both young people seemed not only disruptive, but also potentially damaging. Contact between Peter and his birth parents as previously mentioned was unpredictable and emotionally very difficult. As both his parents from suffered extreme alcohol issues, contact was largely organised to facilitate his parent’s condition and safeguard Peter and his two older brothers by being supervised within a contact centre. Peter described the frequency of contact with his birth mum as being seasonal, taking place four times a year, as her homeless status meant social services often had difficulties locating her. Contact between Peter and his father was even more sparse, mainly due to his father relocating to Scotland and similarly becoming difficult to locate. Contact consequently broke down and Peter went 10 years without any contact from his dad. What little contact did take place did not seem to serve any real purpose other than reassuring Peter and his brother’s that his parents were still alive. Peter described witnessing his parent’s arriving to contact intoxicated and therefore contacts being suspended.

“But back then you’re just like ‘where is my mum’ and stuff. Because even though I was saying about the whole four times a year thing, she just went

off the radar like dad for a few years and we were just like 'are they dead or what's going on'". Peter

Like Peter, Emma also experienced contact which seemed to serve no real purpose, and at times re-exposed her to further abuse and neglect from her birth mother. Emma described contact as unreliable, with her birth mum often cancelling or not showing up at all. When contact did take place, it felt awkward to Emma as the conversation would feel forced and uncomfortable. Emma described how her mum would often use the opportunity of contact to verbally abuse her by blaming Emma for her and her sister being taken into care. The verbal abuse in public settings during contact sessions eventually resulted in contact being restricted to within a contact centre, which Emma described as an incredibly difficult situation exposing her to further rejection.

"So mum kind of took advantage of that and she would basically spend the whole time in contact just talking to Sarah (younger sister) and helping her with her homework and just kind of left me sitting in the corner. Like, ah I just felt, ah I don't know. I hated it". Emma

The impact of contact seemed difficult for Emma to process and led to numerous attempts at trying to earn her mother's love by visiting her mum without supervision or permission of her carers or social services. Eventually Emma decided to end contact with her mum, only seeing her at occasions such as holidays and birthdays, however the relationship remains detached. It has also been found in the research that in cases where the child or young person has experienced previous abuse or neglect, contact could be detrimental and expose children and young people to further neglect and abuse (Moyers, 2006; Sinclair *et al*, 2005).

For both young people, contact was unreliable and extremely emotionally challenging with parent's behaviour and attitudes being unpredictable. Both Peter and Emma's contact experiences resulted in feelings of guilt and self-blame as a result of their parent's rejecting behaviour. Peter also described facing a loss of

childhood due to the worry and fear he experienced at a young age, not knowing if his parents were still alive. Emma found the verbal abuse and rejection she endured during contact from her mum difficult to process, conflicted by feelings of rejection, fear and a desire for love and affection. However even though contact in both accounts was perceived as potentially emotionally harmful and appeared to serve no real purpose, it was reassuring to recognise that both young people maintained stable and healthy placements with their grandparents. Therefore, both accounts suggest disruptive and potentially harmful contact had no impact on the stability of placement.

Why contact did not impact the stability of placement can only be inferred in relation to the type of placement both young people were placed in. A significant difference between kinship foster care and non-kinship foster care is that it can provide a method of a continuing sense of family inclusion and membership even when in the care of local authority (Kiraly & Humphreys, 2013). Some research suggests those living in kinship foster care placements are more likely to experience enduring stable placements than those in non-kinship care (Benedict, Zuravin & Stallings, 1996; Cuddeback, 2004; Webster, Barth & Needell, 2000) and generally have fewer prior placements (Beeman & Boisen, 1999; Cuddeback, 2004). Children and young people specifically placed with grandparents have also been found to be less likely to experience placement disruption than those placed with other family members (Farmer, 2010). However earlier research has viewed those in the care of grandparents with a more negative tone (Pitcher, 2002). For example, Soloman & Marx (1995) found that children living with grandparents were more likely to repeat a year at school than those living with parents. Yet in terms of behaviour at school, no difference was found between those in a nuclear family setting and those living with grandparents. Peter in particular described a sense of belonging and strong attachment with his grandparents as well as receiving unconditional love and support, therefore the care he received would contribute to the stability of placement. Similarly, research has also shown young people to have experienced feelings of being cared for, feeling loved and safe within their kinship placement (Aldgate & MacIntosh 2006). It seems in these two cases, the pre-care attachment the young

people had with their grandparents meant little difficulty was ensued during their placement transition and that love, and stability came naturally. Therefore, given that both young people experienced difficult contact with birth parents, it seems that by being placed with grandparents, both Peter and Emma maintained a sense of belonging within their birth family unit contributing to the stability of placement.

I: So did life change much when you had to move in with gram, from parents to gram?

P: (Exhales) A wee bit ... Well mainly it was just like, well they're not our parents but they're still our family ... And over the course of time that we just saw gram and granda to be mum and dad pretty much because they were our parents like. Peter

The transition from living with parents to living with extended family members did not seem to impact aspects of the young people's lives which may otherwise have been disrupted, had they been placed in non-kinship care, such as the general area they lived in, school and friends. The familiarity associated with kinship-care placements meant the adjustment process of going into care was easier to process as it resulted in fewer major changes, enhancing a feeling of stability in a potentially disruptive and frightening experience. Research has found that children can feel frightened moving to a new placement particularly when it involves moving to an unfamiliar location inducing a change of school, friends and routine (Timms & Thoburn, 2006). Although Emma spoke very little of the details regarding her move to her grandparent's house, it could be inferred that like Peter, the transition was fluid in nature as both young people remained in the same local area and school. Therefore, the attachment and familiarity with their grandparents promoted a sense of continuity and served to reduce potential fears of unsettlement and instability which those moving to new placements often face (Timms & Thoburn, 2006).

Both young people were also linked by the fact they remained placed with siblings, which has been associated with less placement disruption than those who have been separated from siblings (Berridge, 1997; Farmer, 2010). Although policy highlights

the importance of placing siblings together if and where possible, this is largely dependent on the age of children at entry, sibling separation may be something children and young people in care must face. The sibling bond has been identified as a fundamental aspect of childhood and continued development (Dunn, 1992).

Within foster care, being placed with siblings can enhance a sense of safety and continuity. Those in kinship foster-care like Peter and Emma are more likely to be placed with siblings than those in other forms of care such as non-kinship foster care (Shlonsky, Webster & Needell, 2003). Also, children and young people who have experienced fewer prior placements are more likely to be placed with siblings than those who have experienced multiple placements (Shlonsky, Webster & Needell, 2003). Therefore, deprived of love and care from birth parents, the sibling bond may be one of the most important relationships for children and young people in care and may contribute to a sense of stability during placement.

Overall, in the face of contact which was emotionally difficult and appeared more detrimental than purposeful, both Emma and Peter were able to sustain stable long-term placements with their grandparents. The factors perceived to be associated with placement stability in both accounts were not a specific aim of the research, however topics such as kinship placements and sibling bonds were identified. This highlights the importance of not only the placement type in terms of young people's overall care experience and well-being, but also how important pre-care attachments are to placement stability and resilience to contact experiences. Therefore, it seems that no matter how negative contact is perceived to be, although it can deeply impact young people emotionally, they can still maintain a stable placement and obtain a sense of belonging if they receive the right level of love and care from key individuals in their lives.

Contact & Placement Disruption

Being placed in foster care can provide some children and young people with a sense of security as a means of immediate protection from physical harm or abuse (Tyler, Howard, Espinosa & Doakes, 1997). When placed in foster care, some grow to feel a

strong sense of belonging with their new foster family and begin to identify themselves as part of that family unit through the development of relationship attachments, (Troutman, Ryan, & Cardi, 2000) particularly when placed with their new carers from a young age (Biehal & Wade, 1996). However, this is often not the case for many children and young people, as several will experience disruption through multiple placement moves which has been associated with emotional and behavioural outcomes (James, Landsverk, & Slymen, 2004; Rubin, O'Reilly, Luan & Localio, 2007) and an enhanced sense of instability in their lives. Michelle was in care from the age of four to which she remained until she turned 18. For the first four years of her care experience Michelle moved through multiple different foster placements with her older brother, however her four younger brothers were separated, three of which were adopted. Within a year and a half Michelle and her brother had been placed in eight different foster homes mainly due to breakdowns caused by behavioural issues at school.

“Amm when I first went into care amm it was me and my brother and because we’d only just been out into care, like we got threw out of every school we went to like. And then because we got threw out of school the foster parents didn’t want us anymore. They were sending us back. So we were in like 8 different foster homes within a year and a half”. Michelle

Many of the placements Michelle described were only memorable in terms of their location, rather than the carers and families she lived with. This highlighted the deficit of attachment relationships Michelle and her brother had formed throughout their various foster placements. Each placement represented a life adjustment for the two children, having to mentally and physically adjust to the prospect of moving to a new location, live with a new family and attend a different school. This resulted in Michelle feeling that efforts to attempt to form attachment bonds with her carers were futile, as an expectation to be moved on felt inevitable. Michelle also illustrated how the process of placement change had resulted in her feeling dehumanised and unwanted.

“And then the foster parents, because it was ‘(gasps) oh my God they got expelled take them back we don’t want them, they’re bad news’”. Michelle

This description particularly illustrates how objectifying the process of placement change can make young people feel. Michelle depicts her carers opinions of herself almost as an object which can be returned at will if not suitable. This experience is one which was also found in a study by Mullan *et al*, (2007) where young people compared themselves to objects such as parcels and pinball games being moved to different placements, highlighting the lack of control they faced in relation to placement changes and how objectifying and dehumanising this experience can make young people feel.

At the age of 8 Michelle and her brother were placed with a foster family and remained there for the remainder of their time in care. This placement was particularly unique as behavioural issues at school between Michelle and her brother were addressed from the outset by sending both siblings to different schools. The main cause of breakdown prior to this placement was fundamentally due to behavioural issues resulting in suspensions and expulsion from schools. Therefore, the approach Michelle’s new foster family took in separating the siblings represented an active attempt at trying to make this placement work, resulting in Michelle feeling wanted for the first time by a new foster family. Michelle stated that had her foster carers not made this attempt at trying to alleviate behavioural issues at school, she believed the consequences would have once again resulted in expulsion.

“Yeah well my social workers had explained to them like you know how we kept getting kicked out of school and like we were just getting brought back. So they were smart and they sent us to different schools”. Michelle

Michelle described the reason for her experience of multiple placement breakdowns as being fundamentally due to her and her brother’s behavioural issues. Michelle also displayed emotional issues relating specifically to her willingness to form attachment bonds with new foster carers. Therefore, placement instability in this

case was correlated to both behavioural and emotional issues. One contributing factor to Michelle's externalising behavioural problems and attachment issues may have been related to the impact of contact with birth parents. The issue of the impact of contact on placement stability is one which has been strongly debated throughout the research for some time (Quinton *et al*, 1997; Quinton *et al*, 1999; Ryburn, 1999) presenting a complex view of the overall topic. For some children, contact can provide a link to continuing ties with their birth family and help to promote attachment relationships with biological family members (Haight, Kagle & Black, 2003; Poulin, 1992; Scott, O'Neil & Minge, 2005; Wilson & Sinclair, 2004). However, for Michelle it seemed the relationship she had with her birth parents deteriorated during her time in care as a result of consistent no shows to contact sessions from her parents. Michelle had very little control over contact, as it only occurred if her birth parents showed up that day, which often wasn't the case. As a result, Michelle was left feeling rejected, which impacted her self-esteem. Michelle recognised that reducing contact to cater to her birth parent's attendance couldn't improve the quality of contact and only served to enhance feelings of rejection.

The emotional and behavioural impact of contact which can be characterised as irregular was highlighted by Browne & Moloney (2002) in a study investigating the effects of parental contact sessions on children in foster care. Children who received inadequate amounts of contact due to parent's behaviour were left feeling incredibly emotional, some becoming uncharacteristically quiet, whilst others would display externalising behavioural problems. Michelle's behavioural issues which led to numerous placement breakdowns may have been a consequence of unresolved issues experienced through inconsistent and emotionally difficult contact sessions.

Michelle's continued attendance to contact, regardless of her parent's inconsistent attendance, highlighted her ambiguous status in relation to her identity (Bowlby, 1965). Michelle wanted a strong relationship with her birth parents however the rejection she faced as a result of her parent's non-attendance to contact sessions left her feeling confused about her relationship to her birth parents. This uncertainty may have affected Michelle's ability to form secure attachments with her foster family, as her self-identity was questioned (Bowlby, 1965). It seems Michelle had

developed an ambivalent attachment style as a result of the unpredictable nature of contact sessions with her birth parents (Whelan, 2003). Ambivalent attachment styles can result in frustration and anger as the child is left in a state of confusion due to the care-givers non-responsiveness to the needs (Bowlby, 1988) which may explain Michelle's externalising behavioural issues. However, without adequate support, it is likely foster parents are often unable to manage such behaviour, causing a breakdown in the placement.

A number of other factors may also have contributed to Michelle's behavioural and emotional issues which evidentially led to multiple placement breakdowns, some of which may have been pre-care characteristics. Children in care have consistently been found to have higher rates of emotional and behavioural issues compared to those in the general population (Burns *et al*, 2004; Heflinger, Simpkins & Combs-Orme, 2000; Keller, Salazar & Courtney, 2010; Ringeisen, Casanueva, Cross, & Urato, 2009; Tarren-Sweeney, 2008). Given that most children in care have been exposed to early maltreatment in the form of abuse or neglect and disturbed attachments, coming from such high-risk backgrounds is likely to be associated to children's psychological outcomes (Tarren-Sweeney & Hazell, 2006). Retrospective and concurrent predictors of mental health issues amongst children in care were reported by Tarren-Sweeney (2008). Results revealed that the strongest predictors included older age at entry into care, developmental difficulties, exposure to three types of maltreatment, exposure to adverse life events and anticipated reunification of child to their birth parent's care. Therefore, children entering care may be predisposed to having mental health concerns which might consequently result in emotional and behavioural issues.

If untreated, these issues might then impact carer's willingness and ability to provide adequate care for children with such difficulties. This may be a reflection of the high frequency rates of placement breakdowns experienced by a number of those in care (Rutter, 2000), such as Michelle. Therefore, given that pre-care characteristics and experiences can have serious implications on children's mental health, if left

untreated children's experiences whilst in care may exacerbate existing issues and affect the prospect of a stable placement.

Michelle displayed an unwillingness to form attachment relationships with carers throughout her multiple placements. This finding has been commonly cited throughout the literature, as children in care have been found to be at an increased risk of suffering attachment disorders (Marcus, 1991; Tarren-Sweeney, 2008). Children in care who have experienced abuse or neglect may try to cope with such adverse experiences by developing certain psychological defences which impact their ability to form close attachments with certain people in their lives such as carers (Howe, 2005). Therefore, the child's willingness and ability to form new attachments is contingent with the nature of earlier attachments (Rutter & Rutter, 1992). Research by Tarren-Sweeney & Hazell (2006) found that children at progressively older ages were at increased risk of mental health issues upon entering care, specifically the manifestation of attachment disorder behaviours.

Children in alternative care settings are also likely to have parents with mental health issues (Quinton & Rutter, 1984; Roy, Rutter & Pickles, 2000). This is significant as attachment difficulties have also been reported amongst children who have one or both parents suffering from mental health problems such as parental psychopathology (Rutter, 2000; Quinton & Rutter, 1984). The implications of such findings mean that children upon entering care may be predisposed to attachment difficulties which are likely to affect their future relationships with carers. Therefore, the stability of placements for some children may already be compromised before entering care, if carers are unaware and unprepared with regards to how to manage such issues. Therefore, a cycle of placement breakdown would be likely for many children in care, as evidence also suggests multiple placement experiences have been found to be associated with the onset of attachment disorders (Pasalich *et al*, 2016) as well as issues associated with behavioural difficulties (Newton, Litrownik & Landsverk, 2000). This cycle of placement breakdown may continue as these factors can in turn impact the success of future

attachments with care givers and placement stability (Strijker, Knorth, & Knot-Dickscheit, 2008). For Michelle, this means pre-existing attachment issues may have been a result of earlier exposure to maltreatment. Existing attachment issues may have made it difficult for Michelle to form new attachment relationships with foster carers, making it difficult for her to maintain a stable placement. The breakdown of multiple placement experiences may also have resulted in further attachment difficulties, impacting her willingness to form new attachment relationships with future carers. Therefore, without support and help to both carers and young people on trying to manage such issues, a cycle of placement breakdown may be inevitable.

Michelle highlighted the implications her behavioural problems had on the stability of placements, resulting in multiple breakdowns. The association between placement instability and externalising behavioural problems is one which has been cited throughout the research (Barber, Delfabbro & Cooper, 2001; James, Landsverk & Slymen, 2004). However, it is difficult to conclude that Michelle's behavioural problems were a direct result of the emotional trauma she experienced through multiple placements, the emotional impact of disruptive contact, or if they were related to pre-care characteristics and her exposure to adverse experiences. However, a study by Newton and colleagues (2000) revealed internalising and externalising behaviour problems predicted placement breakdowns and were also an outcome variable of such experiences. The implications of such findings once again suggest the onset of a cycle of placement breakdown, both caused by behavioural issues and contributing to further behavioural problems. Therefore, Michelle's externalizing behavioural issues during placements may have been a result of pre-care characteristics and exposure to adverse life experiences but also possibly induced by the rejection she experienced as a result of numerous placement breakdowns. However, without support in identifying the cause of such behavioural difficulties and managing this behaviour, the impact of her externalising behavioural problems may have further drove her into a cycle of placement instability.

Sibling Contact and Placement

Legislation and child welfare practice guidelines indicate that efforts should be made to keep siblings placed together (McSherry, Iwaniec & Larkin, 2004). This is due to recognition of the potential benefits sibling relationships have on children's development (Whelan, 2003), psychosocial functioning (Tucker, McHale & Crouter, 2001) and maintaining a sense of continuity (Herrick & Piccus, 2005; Whelan, 2003). Siblings who remain together may also represent a sense of safety in what can often be a potentially frightening experience for children taken into the care of local authority (Shlonsky, Bellamy, Elkins & Ashare, 2005). However, the risk of sibling separation is particularly poignant for those children in foster care, as evidence shows this group are at an increased risk of being separated from siblings compared to those placed in kinship foster care (Shlonsky, Webster & Needell, 2003). Staff and Fein (1992) explored factors which were associated to the placement of siblings. Results revealed that siblings who were placed together were less likely to experience placement disruption, than those siblings who were separated. Placement stability is a factor which has been found to be associated with joint sibling placements throughout the literature (Hegar, 2005; Herrick & Piccus, 2005; Leathers, 2005; Staff & Fein, 1992). In Michelle's situation, although she was originally placed with her older brother, she was also separated from her four younger siblings which caused great emotional distress.

"It was heart breaking like ... Every year and because they were so young like they were turning up and not even knowing who we were. You know the younger ones like, it was really bad". Michelle

The initial separation from siblings in placement has been found to be associated with behavioural problems (Staff, Fein & Johnson, 1993). Externalising behavioural issues such as those described by Michelle have also been linked to placement disruption (Shlonsky, Webster & Needell, 2003). Although Michelle was allowed contact once a year with her brothers, this was not enough to maintain an attachment bond for the younger siblings who eventually forgot who Michelle and her older brother were. This resulted in extreme emotional distress for Michelle as her attachment bond with her younger siblings had been disrupted. This also impacted

Michelle's self-identity as one of the most important links to her biological family was being neglected through lack of contact. The emotional distress and sense of loss children experience through the disruption of important relationships such as sibling separation can compromise their ability to form new attachment relationships with others over time (Whelan, 2003). Such disruptions can impact a child's development at any stage of their lives, however the most critical period of attachment development is between 18 months and five (Bowlby, 1988). Michelle was taken into the care of local authority at the age of four (Bowlby, 1988), therefore her ability to form new attachments, particularly those with foster carers may have been comprised. Siblings have also been found to enhance a sense of identity representing a positive biological relationship of continuity, particularly important for foster children who often experience considerable disruption and lack of control in their lives (Heptinstall, Bhopal & Brannen, 2001). Therefore, the experience of sibling separation may have not only impacting her willingness and ability to form new attachments with foster carers due to the ambiguity surrounding her self-identity but may also be associated with behavioural problems which affected the stability of numerous placements.

Children in care who have experienced maltreatment in some form including abuse or neglect may suffer developmental difficulties due to the exposure of stress and complex trauma (Ungar 2013). This form of exposure can also impact children's resilience, involving their ability to use personal resources such as optimism to cope with such stressors (Ungar, 2005). Research on the resilience of children in care suggests resilience is not just an instinctive characteristic but also involves the contribution of external factors such as the quality of substitute care which helps young people cope with such life stressors (Ungar, 2008). Therefore, the provision of a safe home environment can impact children's ability to cope with life stressors, as well as contributing to their overall well-being (Ungar, 2013). However, these children often experience numerous placements characterised by instability, enhancing feelings of vulnerability and stress (Dex and Hollingworth 2012) as well as impacting their overall well-being (Selwyn, Wood & Newman, 2016). When the breakdown of a placement occurs, the factors which may have contributed to this disruption are often left untreated. Therefore, the process of moving children

between different placements can cause further problems to their emotional well-being, including lower self-esteem, self-identity issues and attachment issues (Butler, S., & Charles, M. (1999).

To help enable stable placements for all children in care, factors associated with potential placement breakdown must be identified and treated, as well as support for foster carers to help manage the emotional and behavioural issues which some children face. Placement stability was found to have an important implication on Michelle's ability to form new attachments as well as impacting her self-identity which led to emotional and behavioural issues, enhancing the likelihood of placement disruption. However, it is important to recognise other factors which may also contribute to placement stability such as the child's age at entry to care, pre-care characteristics such as emotional and behavioural issues as a result of maltreatment, the type of placement they are placed in and the impact of sibling separation. Kalland & Sinkkonen (2001) explored risk factors associated with placement disruption with 234 children in care and showed that those who received support from professionals such as social workers were less likely to experience placement disruption than those who did not. This highlights the need for support to both children and foster carers to help manage the emotional and behavioural problems experienced by those in care. There is also a need to evaluate risk factors associated with placement instability such as the impact of contact on children and foster carers to help mediate their impact on placement.

In terms of contact specifically, all experiences talked about here were ultimately characterised by pain and emotional distress. However, the children's attachment bond with their foster carers either functioned as a source of stability and support or added additional stress and instability to the child's life. Therefore, child welfare agencies must implement strategies to help build and strengthen the attachment bond between carer and child by targeting risk factors associated with poor outcomes of placement (Osterling, D'Andrade, & Hines, 2009) including inadequate training for foster carers, the impact of contact and existing mental health issues in children.

The Role of the Foster Carer

Foster carers play a fundamental role in the preparation and facilitation of contact with birth parents (Wilson & Sinclair, 2004). This role extends beyond accommodating tasks such as transportation and permitting contact sessions to be located in their home (Scott, O'Neill & Minge, 2005; Triseliotis *et al.* 2000), to coping with and managing complex emotional and behavioural difficulties demonstrated by children and young people due to the impact of contact (Neil & Howe, 2004). Foster carers can also help contribute to children and young people's family membership both within their foster home and birth family by providing a sense of security, but also supporting pre-existing relationships through contact (Farmer *et al.* 2001; Neil, Beek & Schofield, 2003; Neil & Howe, 2004).

With the development of attachment bonds and the emotional and practical support they can provide, foster carers can effectively impact the emotional and behavioural health of care experienced children and young people (Dickson *et al.* 2009). In terms of the current study, young people's perceptions of their foster carer's roles in contact sessions varied substantially, ranging from responsive and supportive, to difficult and uninvolved. The attitude and responsiveness of the foster carers then in turn impacted some of the young people's own attitudes and approaches to contact sessions. For example, when one of the foster carer's suggested and encouraged contact sessions with a certain individual, this initiated an enthusiasm from the young person to want to pursue contact with this particular person, which had previously been assumed as non-achievable. Therefore, the attitudes of foster carers towards contact sessions can have a significant impact how contact is shaped (Bullen, Kertesz, Humphreys & McArthur, 2015; Hojer, 2009; Sen & Broadhurst, 2011).

Tina was in care since she was 11 months old and remained in the same long-term foster placement until present day. At the age of 16, a residence order was put in place which meant Tina's foster carers gained shared parental responsibility over her. Therefore, a solicitor was the point of call for any contact session changes

which were requested, meaning social services played a minimal role. Managing contact involved Tina's carer having to communicate and work with the young person's birth family, in particular her birth mother. This entailed representing Tina's needs in terms of contact, whilst also respecting the wishes of her birth family. As well as playing a crucial role in the organisation of contact, Tina's carer also assisted in the preparation of sessions by providing transportation to and from her birth mum's home. However, the relationship between Tina and her mum was extremely volatile, ranging from her mum requesting full custody of Tina on a number of occasions, to total rejection and exposure to verbal abuse. The quality of contact sessions was emotionally distressing to Tina, as she described one incident in particular involving her mum's partner and some threatening behaviour. Tina's birth mum had initiated a relationship with a female partner, a situation new to Tina which she found difficult to comprehend. It is assumed this may have been due to a lack of communication from her birth mother in preparing Tina for this significant life change. In addition to experiencing these complex and conflicting emotions in response to her mother's sexual orientation, Tina experienced a sense of rejection and threatening behaviour from her mum's new partner. This evidently impacted the dynamic and quality of future contact sessions, as the location was agreed to take place in Tina's mum's home where her partner also lived.

"I didn't like going to see her at all. So then I kind of stopped seeing her for a while and then she ended up living with this woman who I didn't like because they were like partners which is really weird to me. But I don't have anything against it, it was just weird to me because it was my mum. And em I also didn't like the woman because she was really mean to me so that stopped me going to see her as well". Tina

Contact sessions were also unsupervised, which meant Tina felt a sense of fear for her own safety in the presence of her mother's partner. One contact session in particular involved Tina being threatened by her mum's partner, leaving her so frightened that she told her foster carer she no longer could endure contact sessions with her birth mum. The fear children and young people experience due to the possibility of contact serving to inflict further harm is one which has been noted

throughout the research (Farmer & Pollock, 1998; Hester & Radford, 1992; Macaskill, 2002). Although Tina's foster carer felt maintaining links with her birth mum through contact was important, she knew sessions were causing great emotional distress and served no positive purpose.

"... she like threatened me one day and I was quite young, and I was like 'I'm never going to see my mum again, I don't want to go up to that house to see her'. So my granny said 'that's ok'". Tina

In this situation Tina's foster carer supported the importance of trying to maintain a relationship between Tina and her birth mother. However, she fundamentally viewed contact sessions as Tina's choice, therefore allowed her to make her own decision based on the impact which contact had. This flexibility in terms of contact arrangements meant Tina was never put in a position in which she felt she had to choose between her foster family and birth family, enabling her to focus on what purpose contact was serving her. This approach has been cited in a study by Neil & Howe (2004), which identifies this type of "responsive parenting", as displayed by Tina's foster carer, as being an essential aspect to placement stability. When Tina's birth mum began to experience the lack of contact, she attended a solicitor to try to invoke a legal agreement which stated Tina must attend contact sessions. However, in respect of Tina's wishes, her foster carer also had to attend a solicitor and represent Tina by communicating the child's concerns and experiences during such contact sessions.

It is important to note that due to the residence order, Tina's foster carer was working without the support of social services, therefore enduring the financial and emotional impact of such a complex situation alone. In this case Tina's carer demonstrated a level of flexibility which allowed Tina to change contact sessions based on circumstances and emotions. This flexibility also empowered Tina to make her own choice in terms ending contact sessions with her mum based on the distressing impact it was having on her, including fear, exposure to rejection, verbal abuse and threatening behaviour. This empowerment amongst the youth population

in care can help them to engage in planning for their future and help develop into sufficient independent adults (Massinga & Pecora, 2004). Without the support of her foster carer, Tina may have continued to engage in contact which was emotionally distressing and frightening to her.

The importance of flexibility is highly significant as each individual young person requires different needs which may vary throughout time (Biehal & Wade, 1996; Hashim, 2009). Some foster carers, like Tina's were flexible in their approach by working with birth parents when arranging contact sessions, which seemed to be important to the young people, perhaps because the attitude of foster carers can significantly impact how young people perceive contact and ultimately how contact is shaped (Sen & Broadhurst, 2011). The relationship between birth families and foster carers has been cited throughout the literature as having beneficial qualities for birth parents, foster carers and children (Gerring, Kemp & Marcenko, 2008; Linares, Montalto & Oza, 2006; Pasztor, McNitt & McFadden, 2005; Sanchirico & Jablonka, 2000). For example, during one of Stephanie's foster placements she described the high quality of contact she had with her birth mother due to the flexible nature of her foster carer surrounding contact issues. This was mainly imbedded in contact duration, as Stephanie's foster carer would permit some extra time for her and her mum to spend together.

"...they were like flexible around, or an extra half hour like she went in to do her shopping and she just said stay there, stay with mummy for that extra half an hour or whatever else". Stephanie

The flexibility Stephanie's foster carer had regarding contact signified her respect for the attachment bond Stephanie had with her birth mother. It also maximised the quality of contact Stephanie had with her mum as it enabled her to see her mum more often and for longer durations. This supportive and flexible role helped Stephanie develop a strong attachment bond with her foster carer, as she felt no pressure regarding her loyalties to her birth family. Even after this placement had ended and Stephanie was returned to her birth family, she still maintained contact

with her foster carer highlighting the meaningful relationship they had developed. The effort and support of foster carers in the current study often played a significant role in the young people's relationships with the birth parents, for example Peter's grandmother flew to Scotland with Peter and his brother's in an attempt to locate his birth dad. Unfortunately, Peter's birth dad suffered serious alcohol issues and therefore contact was unable to be re-established until some period of time after this. However, Peter's yearning for a connection with his dad remained strong and eventually the two re-built a relationship with the support of his grandmother. In these cases, the attitude of the foster carer can be seen to support the wishes of the young people themselves, whether that be for continued contact, re-establishing relationships or supporting the break of a relationship. What's evident here is the importance of the foster carer's role in how contact takes place and their ability to empower young people to decide which relationships they wish to maintain or break away from through the experience contact sessions.

However not all foster carers shared the same enthusiasm for advocating the young people's wishes in terms of contact decisions, as some took on a more passive and sometimes difficult role on the matter. In the case of Michelle, contact was extremely volatile and often emotionally distressing, as she felt on the few occasions her mum would actually show up to contact, it was fundamentally due to her father's influence as oppose to wanting to spend time with her daughter. Michelle experienced a number of placement breakdowns before she lived with her now long-term foster carers which impacted her initial ability to form a relationship with future carers. Although Michelle's foster carers were actively engaged in other aspects of her life such as her behaviour at school, they had very little involvement in contact matters. Not only were her foster carers uninvolved in the planning of contact, communication in terms of the impact it had on Michelle was also absent.

I: And what was their role when it came to contact with birth parents?

Would they encourage it? Would you even talk about it or?

M: No

I: No

M: Just 'oh the social worker called, you've contact next week'. It's just, that's all it was. Michelle

Similar to Michelle's case, Stephanie also experienced a number of different placements during her time in care. However, Stephanie described one placement in particular, considered mainly in terms of their lack of cooperation surrounding contact arrangements. Stephanie's foster carers refused to provide transportation to and from and contact sessions, leaving her to arrange her own transport mainly via the bus. Contact for Stephanie was evidently extremely important to her, as her relationship with her birth mother was in a process of transitioning through working together with various professionals on issues related mainly to communication. It was clear reunion was the main goal in Stephanie's case and action steps were being taken to achieve this goal such as family therapy and over-night stays. Therefore, Stephanie's reaction to her foster carer's lack of support regarding contact matters left her feeling as though her relationship with her birth mother was being undermined.

"But eh my carers were not like, they weren't flexible in how they like transported me. I always had to get the bus like they never wanted to take me anywhere, it was bad. I didn't like them. They're like older people ... They weren't, they weren't willing to take me in and out to see my mum. I always had to get the bus and stuff". Stephanie

Both Stephanie and Michelle's case of foster carer interaction in relation to contact were similar, in that their carers played a minimal role with regards to contact with birth parents, both in the organisation of sessions and providing support for the young people on how contact impacted them. Contact was encouraged in both situations by social services throughout the young people's time in care and both girls wanted to attend sessions in order build or strengthen a relationship with particular birth family members. However, one fundamental difference which existed in both cases was that Stephanie's time in care was short-term with active steps being taken to return Stephanie to her birth parents, in contrast to Michelle's journey which was long-term beginning when Michelle was a young age and lasting up until she was 18. This would imply the purpose of contact visits would be very

different for both young people, therefore the role foster carers engaged in with regards to contact would also differ.

Stephanie went into care at the age of 9, thus had established a strong attachment bond with her birth mum during pre-care. Contact sessions were unsupervised and took place in the family home, therefore any risk or threat was assumed to be low, and the purpose of contact served to strengthen their relationship with the intent of reunion. The importance of the role of foster carer's in terms of how contact is shaped has been highlighted throughout the literature (Gerring, Kemp & Marcenko, 2008; Linares, Montalto & Oza, 2006; Pasztor, McNitt & McFadden, 2005; Salas Martínez, Fuentes, Bernedo & García-Martín, 2016; Sanchirico & Jablonka, 2000; Sen & Broadhurst, 2011). Particularly the impact foster carer's attitudes can have on how children and young people perceive contact, and ultimately how sessions take place (Bullen, Kertesz, Humphreys & McArthur, 2015; Hojer, 2009; Salas Martínez *et al*; Sen & Broadhurst, 2011). However, in terms of Stephanie a young person brought into care at an older age, the attitude of her foster carer had no influence on her own approach and outlook of contact due to a strong previously established attachment bond with her birth parents. Instead, her foster carer's approach to contact served only to impact the stability of placement and Stephanie's relationship with her foster carer. During Stephanie's time in care she experienced a number of foster placements, however when asked about her feelings regarding placements, they would mainly be based on her foster carer's attitudes and management regarding contact. Therefore, the direction of such relationships was that the foster carer's attitudes to contact impacted placement stability, rather than Stephanie's own attitude towards contact assumingly due to the strong attachment bond established during pre-care.

Research has highlighted a correlation between foster carer's involvement in contact with birth parents and placement stability (Oke, Rostill-Brookes & Larkin, 2013) however there is a scarcity of research which distinguishes between the role of a foster carer on contact issues for young people in short-term placements compared to

those in long-term care as well as contact outcomes for younger and older children with differing pre-care attachment bonds (Moyers, Farmer, & Lipscombe, 2006). As the purpose of contact would assumingly be substantially different depending on the child's long-term plans and age of entry to care, it is assumed the role of the foster carer would also be considerably diverse. Do foster carers of young people in short-term placements have the same obligation to advocate the young person's wishes in terms of whether or not they choose to attend contact with specific individuals? Also do carers of young people in long-term placements engage in the same duties such as transportation and communication with birth parent's as those in short-term placements may employ even when reunion is not an outcome?

Children in care who are more likely to be reunited with birth parents, are also more likely to have better behaviour and stronger attachments as they tend to be from less abusive and dysfunction environments (Hashim, 2009). Therefore, the purpose of contact for children in short-term placements would be substantially different as would the characteristics of the children themselves in comparison to those who's are not likely to be returned to birth parents. This would suggest a need for specific training in terms of the engagement and participation in contact matters for foster carers with young people in short-term placements given their specific contact needs and pre-care attachment bonds to birth family members. It would also seem more beneficial for such foster carers to promote contact in situations such as these, therefore cooperation with birth parents and a level of flexibility would also seem more beneficial in such circumstances. For example, Stephanie was placed in a number of short-term placements, which were categorised by Stephanie on their differing levels of engagement and support with contact matters. Therefore, this highlights a need for more transparency, clarity and specialist training in terms of what is expected from foster carers with regards to their position on encouraging and organising contact with birth parents, for young people in short-term placements.

In Michelle's case, were reunion was not an option, the role of the foster carer was also vague. Although Michelle wanted to try and build a relationship with her birth

mum, contact sessions were often a disappointment and distressing due to her mum's non-attendance and lack of engagement. Michelle's long-term foster carer had essentially no input in contact other than relaying messages from social workers to Michelle regarding arrangements. Michelle's case resembles that of a child who has been adopted as she was very young on entry to care and reunion was not an option, she also did not have a strong pre-care relationship with birth parents. In cases in which children have been adopted, Neil, Beek & Scholfield (2003) found that social workers determined indirect contact to be sufficient enough to deal with the child's identity needs, one of the fundamental arguments in favour of continued contact with birth parents for children in care (Fratter, 1996; Howe & Hinings, 1989).

In the case of Michelle face to face contact served mainly damaging outcomes such as rejection and fear during contact sessions. Therefore, in situations involving long-term placements should foster carers be expected to encourage contact when the purpose of such visits are unclear and potentially damaging to the young person or would indirect contact be sufficient and perhaps more beneficial? In the study by Neil, Beek & Scholfield (2003) contact was also not a distressing or demanding experience for a number of adopted children as they were accompanied by their adopted parents on visits, providing the children with a sense of security. Would such engagement benefit children and young people in long-term placements who may struggle to cope with and manage distressing situations which may arise during contact visits? Schofield *et al* (2000) found in a study of 58 children in long-term care that most contact sessions were problematic to a certain degree.

For this demographic of children and young, contact has been found to have distressing effects by inciting painful feelings and emotions (Macaskill, C, 2002); Moyers, Farmer, & Lipscombe, 2006). Therefore, what role should the foster carers play in terms of contact engagement in situations where the young person is placed with them long-term or permanently and contact is distressing to the child? If it would be more beneficial for carers to attend contact sessions, then it is essential they are equipped and trained to do so. Michelle also described how she did not

discuss her emotions and the impact of contact with her foster carers, therefore was left to manage and cope with the distressing effects of contact alone. This suggests a need for specialist training for foster carers with young people placed with them long-term or permanently, to help promote open communication and manage the effects of contact on issues such as the young person's self-worth (Moyers, Farmer, & Lipscombe, 2006). There may also be a need for more communication between social services and foster carer's relevant to what takes place during contact session for those young people who find it difficult to discuss such matters. This would help foster carers manage the complex emotions young people in long-term foster care may experience during contact sessions.

Overall it seems that the level of engagement a foster carer is expected to have in terms of contact with birth parents is ambiguous and ultimately subjective to each individual foster carer. Research has found that foster parents are more likely to take part in actions which encourage contact when they receive more specialist training and ongoing support than those who do not receive training or support (Scott, D, O'Neill, C, & Minge, 2005). However, should all foster parents be expected to support contact arrangements, even in circumstances which are long-term and may have distressing effects on the young person? Giving the specific risks associated with contact for those children and young people who are not expected to be returned home and who do not have strong pre-care relationships, direct support with facilitating contact and indirect support in coping with issues arising from contact is essential to help support carers (Sinclair, 2005).

In cases like Michelle where young people fail to openly discuss contact sessions and the impact it has on them, foster carers are in a position where they cannot manage the effects of contact. Therefore, specialist training is essential to help foster carers engage the young person in discussing their emotions, as well as updates from social services on how contact sessions are progressing. Largely what is clear is the lack of transparency, training and support surrounding the complex role of the foster carer in contact arrangements and that a one-size fits all approach does not work. With this

approach, some children and young people will receive more practical and emotional support with contact matters than others, potentially impacting their attitudes towards contact, relationship with foster carers and placement stability. All these factors overall can impact young people's well-being, emotional health and behaviour, therefore the role a foster carer is expected to have and their engagement in contact with birth parents must be clearly identified and supported through specialist training.

Support & Attachment Relationships

Traditionally attachment models originated from John Bowlby's seminal work in the 1940s and was further developed by Mary Ainsworth and focused on the relationship between the infant's active participation in the attachment relationship and the caregiver rather than the individual characteristics of either party (Ainsworth & Bowlby, 1991). Bowlby defined attachment as 'a strong disposition to seek proximity to and contact with a specific figure and to do so in certain situations, notably when frightened, tired or ill' (Bowlby 1969/1982, p. 371). More recently, attachment refers to the infant's emotional connection to an adult caregiver, as inferred from the child's tendency to turn selectively to this attachment figure for comfort, support, nurturance or protection (Zeanah, Berlin, & Boris, 2011).

Whilst traditional models of attachment were centred on the mother-child bond (Bowlby 1979), more recently this has been developed to include the concept of multiple attachments, such as with the father, kin and carers (Rutter et al, 2007). This is particularly important to consider for children who are removed from their families and placed in care. The relationship that these children establish with their temporary caregivers has the potential to perpetuate or change previous attachment patterns (with biological parents or other previous placements). Bowlby (1969/1982) stated that each care-giver's interactive behaviour with the child is influenced largely by their own 'internal working models' of attachment, forged in part by their own early family experiences. Potentially, having the experience of a secure attachment can lead the way to future positive attachments with future carers or biological parents. However, the opportunity to form a secure attachment between the child and a carer must be present, to enhance the possibility of change in the internal working models of these children.

The attachment figure (mainly a parent) plays a crucial role in managing anxiety during the stage of complete dependency in the infant's life. By developing "sensitive responsiveness", the caregiver helps the infant to form a secure attachment. A Secure attachment allows the child to explore the world whilst having

safe base to return to (Ainsworth, 1979). Ainsworth (1979) identified three patterns of attachment: secure, ambivalent and avoidant. An additional category has since been identified by Main, Kaplan, and Cassidy (1985), who use the term “disorganised/ disoriented” to describe children in “at-risk” samples who initially were categorised as secure because their responses did not fit the other two categories. There appears to be general agreement that this fourth category emerges in high-risk populations and is most likely to occur in abusive situations. The experience of neglect and/or abuse is one which most children in care have endured, resulting in an increased risk of psychological maladjustment and developmental issues (Legault, Anawati & Flynn, 2006) including the ability to regulate emotional states (Meltzer *et al*, 2003), attachment disorders (Frederick & Goddard, 2008) and an inadequate sense of self (Bentovim, 1998).

The onset of developmental issues for children based on parental responses can begin from a very young age, for example research suggests children can start to self-evaluate before the age of 2, yearning for positive appraisal whilst striving to prevent negative responses of failure from parents (Stipek *et al*. 1992). Those children who are maltreated identify their primary care-givers as unavailable or associate that person with the onset of anxiety and distress, with psychological efforts concentrated on safety and survival rather than exploring and understanding their environments in the safe presence of their care-givers (Howe, 2005). Consequently, the exposure of abuse and/or neglect in childhood can result in developmental issues relating to the formation and maintenance of interpersonal relationships later in life (Sroufe *et al*. 1999; Frederick & Goddard, 2008). In a longitudinal study conducted by Andersson (2009) involving 20 care experienced young people in Sweden, results revealed that 11 of the young people exhibited insecure attachment disorders including ambivalent/preoccupied and avoidant/dismissive patterns. These young people also described feelings of loneliness and no sense of family or belonging, impacting their self-worth and feeling of lovability. Unfortunately, the loss and breakdown of significant relationships is a common experience for looked-after children and young people due to aspects such as placement moves, sibling separation and contact arrangements

leaving them feeling alone with no support system or safety net to turn to in difficult times (Allen, 2003; Dickson *et al*, 2009).

Through the experience of neglect or rejection by birth family members and the fleeting relationships of significant adults looked-after children and young people encounter such as foster carers, social services and other professionals, many are left feeling alone and rejected, impacting their self-worth and ability to trust those around them (Chase *et al*, 2006). However, in the face of adversity studies have shown that looked-after children and young people are more likely to cope with factors such as placement moves, the breakdown and loss of relationships, poor health and substance abuse when they have someone they can turn to for support (Chase *et al*, 2006; Luke & Coyne, 2008; Martin & Jackson, 2002; McAuley, 2006; Mullan *et al*, 2007). One of the most significant factors found to help ease the overall experience of being in care for looked-after children and young people is the support of significant others such as family, friends, foster carers and professionals (Mullan *et al*, 2007). Such relationships can help alleviate some of the worries and concerns these young people face, by having someone to talk to and share their feelings with (Mullan *et al*, 2007).

A study by Martin & Jackson (2002) also found that looked-after children and young people who achieved educational and employment success identified having the support and encouragement of a significant individual as one of the most important factors attributing to their success (Martin & Jackson, 2002). Those individuals who supported them were people they had met both within and/or outside the care system and who made them feel valued by taking time out to talk and listen to them. This increase in self-worth helped to motivate the children and young people to become fully engaged in their education, with the aspiration and self-belief of one day attending university (Martin & Jackson, 2002). Looked-after children and young people who can trust and talk to at least one important individual in their life tend to have higher levels of self-esteem (Luke & Coyne, 2008), self-worth (Ackerman & Dozier, 2005) and are less likely to experience mental issues into adulthood (Anctil,

McCubbin, O'Brien & Pecora, 2007) than those who cannot identify an important individual as a source of support (Withington, Duplock, Burton, Eivers & Lonne, 2017). Overall the literature highlights the importance of the development and maintenance of meaningful and consistent relationships for those who are looked after, and the contribution this can have on their over-all care experience and emotional well-being (Chase *et al*, 2006).

Worryingly however, throughout the literature there seems to exist a common theme that in all aspects of their lives, looked-after children and young people express a lack of support both emotionally and in a practical sense and a feeling that they have no one to rely on in difficult times (Dickson *et al*, 2009). A study by Luke & Coyne (2008) involving in depth interviews with 5 care experienced young people and adults revealed participants could recall more accounts of feeling unsupported and a lack of attachment bonds to significant individuals than times when they felt supported and/or loved. One participant in particular described having severe self-esteem issues which remained a problem into his adulthood. He identified his insecurities as being a direct result of the lack of support and meaningful, stable relationships with both his birth family and foster carers throughout his childhood in care.

Mullan and colleagues (2007) also highlighted the prominent figures of young people both in care and after-care in their study of 51 care experienced young people in Northern Ireland, who chose not to talk or confide in anyone about their anxieties and worries. Some felt opening up about their feelings may have exposed them as weak or problematic which could impact the stability of their placement. Others described a frustration with opening up to different professionals about their feelings and worries due to the transient nature of relationships with most adults they had encountered in their time in care. Young people choosing to cope with their feelings alone can be a result of pre-care abuse and/or neglect, reinforced by a lack of trust for adults they meet throughout care due to the instability they face in relationships with important individuals. However, by harbouring such feelings, young people are

at an increased risk of low self-esteem, self-worth and loneliness, impacting their overall emotional well-being (Chase, Maxwell, Knight & Aggleton, 2006).

It's clear that children and young people in care need and value someone with whom they can talk to and feel supported by, a theme which was evident in the current study amongst all the participants. However, there are certain factors which can prevent this from being the case, for example attachment disorders and lack of trust in adults as a result of pre-care experiences and instability throughout their time in care can make it difficult for these young people to develop and maintain meaningful relationships. Some young people in the current study were extremely emotionally withdrawn at certain periods in their life, one of which self-harmed as a result of her anxiety and difficulty in talking to others. The sources of support which young people in the current study did identified as significant included social services (or one social worker in particular), their foster families, support from certain members of their birth families and support from a mentor. One young person identified confiding in peers, however other young people highlighted the emotional difficulty of discussing matters with friends and therefore either avoided making friends altogether or lied about their circumstances at home.

What was also found to be a significant feature of the young people's support system was their membership within their foster family or birth family unit. Studies have shown that some young people find it difficult to form attachment bonds with their foster carers due to the short nature of their placement, therefore they remain emotionally withdrawn and 'removed' from their foster family impacting their sense of belonging (Mullan *et al* 2007). Belonging to a family can help children in care develop a sense of identity and be a source of emotional support to help cope with the difficulties they may face throughout their experience in care (Schofield & Beek, 2005). Some studies have identified continued contact with birth parents as an important aspect of maintaining children and young people's self-identity as well as a source of emotional support and a means to preclude attachment issues (Dickson *et al*, 2009). Although the majority of young people in the study highlighted the

importance of certain family members and their desire to maintain contact, when identifying sources of emotional and practical support very few recognised birth family members as supportive roles. Rather some young people required other meaningful relationships in order to help cope with the emotional consequences of contact and difficult relationships with birth family members.

While the theme of support was not always directly related to contact matters, it was identified as a significant aspect of the young people's overall care experience due to the importance of significant relationships for looked-after children and young people and their emotional well-being. Often the shape of such relationships during care in terms of being a source of support, were interpreted as a response to the emotional experience young people faced as a result of abuse, neglect or rejection, both in pre-care and during care. For example, Michelle was in care from a very young age and continued to experience neglect and rejection from her birth parents throughout her time in care. This difficult and distressing relationship with her birth parents contributed to attachment issues with subsequent foster carers, resulting in problematic behaviour in school and low self-worth. These factors then consequently impacted the stability of future placements and her ability to form meaningful attachment relationships with carers and peers in school, therefore she became extremely emotionally withdrawn within her placements, unable to talk or trust adults in her life. Her emotional experience and relationship with her birth parents ultimately shaped her ability to develop supportive and meaningful relationships with carers, leading to emotional and behavioural issues as well as placement instability. This highlights the significance of young people's experiences of abuse and/or neglect and their membership within family structures including both foster and birth, and whether these structures can act as a source of support for the young person.

Birth Family Membership & Support

Maintaining links with birth family members (including extended family) has been identified throughout the research as incredibly important to young people in care

with a general desire to maintain contact (Heptinstall, Bhopal & Brannen, 2001; Mullan *et al*, 2007; O'Neill, 2004; Sen & Broadhurst, 2011). Continued contact with birth parents has been specifically associated with more successful self-identity development (McDonald, Allen, Westerfelt & Piliavin, 1996) amongst looked-after children and young people. However, in the current study, most of the young people had a sense of ambivalence surrounding their identity and membership within their birth-family due to a range of complex issues. This meant social-support from birth family structures was limited or in some cases not evident at all, resulting in some young people coping with highly stressful situations alone, or turning to other external sources outside their birth family structure for support.

Birth Parents

Stephanie was first brought into foster care around the age of 9 and placed with her two sibling brothers, one older and one younger. During her time in care, Stephanie later shared that she had been sexually abused by her older brother for four years meaning she had to cope with this traumatic experience alone for a long period of time. The latency in reporting this abuse is not uncommon, with studies on disclosure timescales of sexual abuse reporting a mean delay of 3 to 18 years (Oxman-Martinez, Rowe, Straka & Thibault, 1997). Many children who suffer sexual abuse chose not to disclose this information for long periods of time, with many never talking of their experience and their abuse only being discovered in other ways (Kelly, Brant & Waterman, 1993). Studies with a focus on family dynamics and sexual abuse have also highlighted certain characteristics which may impact children's likelihood of disclosing such information. For example, research by Alaggia & Kirshenbaum (2005) identified a number of features which correlate with families in which sexual abuse has occurred, including less cohesiveness, more difficulty in coping with stress and demonstrate poor communication. Studies have also revealed victim's closeness and relationship to the abuser may also impact their willingness to talk, as the more closely linked or related victims are to the perpetrator the less likely they are to disclose the abuse (Alaggia & Kirshenbaum, 2005; DiPietro, Runyan & Fredrickson, 1997; Wyatt & Newcomb, 1990). Stephanie described how she always found it difficult to open up to her parents about how she

was feeling, and generally tried to cope with things on her own. This unwillingness to talk to her parents and see them as a source of support may have impacted Stephanie's latency disclosure regarding the abuse, as studies have shown that perceived support (particularly with parents) has been linked to children's readiness to disclose such information (Paine & Hansen, 2002). Children in care often highlight the importance of their birth parents, however few would identify them as sources of emotional support (Biehal & Wade, 1996; O'Neill, 2004). These factors combined, may be used as a guide as to why Stephanie felt she could not disclose the sexual abuse until after four years of suffering. By choosing not to disclose for this length of time meant Stephanie had to cope with the impact of this traumatic experience alone without receiving vital support and necessary therapeutic interventions. In review of the literature conducted by Jumper (1995) child sexual abuse has been significantly correlated to a number of psychological issues including depression, anxiety, self-esteem issues, and suicidal behaviour, therefore ensuring children in care have a source of support is crucial as incidences like this may remain unreported for lengthy periods of time.

This experience ultimately changed Stephanie's family dynamic and her identity within her birth family (Alaggia & Kirshenbaum, 2005). Stephanie was placed in foster care alone as a result and continued to have contact with her parents and younger brother. Given the circumstances, contact arrangements described by Stephanie seemed to be quite complacent in that no strict procedural plans were put in place to ensure Stephanie had no further contact with her older brother. Contact was determined by when her older brother would be present in the family home, and giving the unpredictability of this factor, on certain occasions Stephanie found herself having contact with her parents whilst her older brother was there in the home. Stephanie also came into contact with her brother walking to and from school which resulted in an extreme emotional response of fear and anxiety

"It was so scary. It was so scary. And I see him, I used to see him in Coleraine when I was walking to school every day. And I went to court and all, it was court ordered I knew where he lived and they never told me.

Never once told me where he lived. So I tried leaving earlier and later, going different ways and I still managed to see him. And he just stared at me and he obviously knew who I was and all. And he just stared at me and like it was so scary because I used to ring mummy like in the mornings I seen him and I was like pure crying down the phone to her". Stephanie

As with the nature of intrafamilial sexual abuse, it is a particularly complex situation for families to cope with, impacting relationships within that family structure (Wyatt & Newcomb, 1990). Stephanie's mum had some direct contact with her older brother which extremely upset Stephanie when she found out. Stephanie also stressed the fact her mum had sent him a card on his 18th birthday, highlighting the salience of even indirect contact between her mum and older brother. Stephanie also recalled an event in which her older brother unexpected showed up at her mum's home after a long period of no contact between him and any of her family members. The detail in which Stephanie described to her mother's response, involving from her mum's surprised stare and then her reaction to embrace him in a hug, highlighted the emotional impact this had on Stephanie.

"But she only didn't want contact because it would have hurt me. But I told her if she wanted contact to do it but just don't, just don't tell me, I didn't really care". Stephanie

The repetition in the language used by Stephanie "just don't, just don't tell me" highlights the internal conflict she faced, confronted with feelings of guilt that she was influencing her mum to no longer have contact with the older sibling and hurt that her mum would want to maintain a relationship with her perpetrator. Stephanie was trying to suppress her emotions regarding her mother wanting to pursue contact with her older brother by stating "I didn't really care" and the impact this would have on her both emotionally and in terms of her future relationship with her mum. Given the complexity of the situation, it is not surprising Stephanie did not identify her birth family as a source of emotional support throughout her time in care.

I: So when you and your mum weren't close, who were you close to in your life?

S: No one

I: No one?

S: No one. I kept it all to myself, everything. Didn't speak to anybody

I: Not even your daddy?

S: No I wouldn't, I definitely would not have spoken to him at that time, no way. I didn't speak to anybody. Like I kept everything to myself, like everything. I didn't tell mummy nothing. Didn't tell daddy anything, didn't tell anybody anything. Stephanie

Studies have shown when adolescents perceive their care-givers as unresponsive in keeping them safe and meeting their security needs, they are more susceptible to low self-esteem and feelings of depression (Cawnthorpe, West & Wilkes, 2004). Perhaps Stephanie found it difficult to rely on her parents for support due to reasons related to why she was brought into care in the first place. Experiences related to her relationship with her parent's pre-care and complex and traumatic experiences during care may have resulted in Stephanie's birth family unit being perceived as unable to provide her with the emotional support she needed. Stephanie's brother moved away after his encounter with his mum, and Stephanie and her mum engaged in a number of therapeutic interventions designed to improve communication issues to help build upon their relationship. Although Stephanie is still adjusting to being returned home with her family, her relationship with her mum has grown in strength and she now feels more comfortable to share her feelings with her mum.

Many of the young people in the study highlighted the importance they placed on their relationships with certain birth family members, however birth parents were rarely recognised as a source of emotional support. This mainly resides with reasons related to parents being unable to care for children in the first place, resulting in them being brought into care. For example, Lucy had a strong relationship with her mum, referring to her as more like a best-friend than a mum. However, with certain life stressors, Lucy began to self-harm before being brought into care due to a build-up

anxiety of she harboured, as she thought the burden of sharing issues with her mum would only inflict hurt onto her. This change drove a wedge between Lucy and mum, and their relationship became distant. However, with increasing contact, Lucy described how their relationship began to strengthen and she found it much easier to talk to her mum again. Lucy requested more contact as social services were working on returning Lucy home to her mum once her exams had finished, to avoid causing extra stress during this time. Given the strong relationship Lucy had developed with her mum and her desire for increased contact, it was surprising that when asked who had been her emotional support throughout her time in care, she only identified her foster carer and social worker. Although a strong relationship may still exist between the young person and their parents, due to experiences both pre-care and during care young people seemed to recognise limits to their parent's roles. For example, two participants highlighted a strong relationship with one or both parents and the love they felt for them, however if given a choice they stated they would choose to remain in their current placement.

For some young people in the study, they continued to experience the same abuse and rejection during their contact sessions with birth parents which they had experienced during pre-care, and therefore had no other choice but to look to external sources of support, such as social services, foster carers or mentors. One young person, Peter had extremely limited contact with his birth parents due to their severe alcohol issue and spells of homelessness. Although Peter highlighted how much he loved and cared for his parents, he turned to his social worker for emotional support to help cope with anxieties he faced relating to his parent's behaviour and health. Contact with birth parents is often desired by most young people, however the impact can be distressing and too much to cope with for some young people (O'Neill, 2004). Peter had a strong relationship with his social worker and turned to her as a source of support and asked to be referred to counselling to help him cope with the stress and worry related to his birth parent's behaviour and health. This highlights how some young people have no other choice but to rely on external sources to help cope with the impact of birth parent relationships and behaviours. Overall, it seems regardless of how strong the relationship is between birth parent

and child, certain experiences both pre-care and during care in contact sessions can alter the dynamic of the parent-child relationship. A distinctive feature was evident amongst the young people in the current study and that is the perceived difference between seeing the parent as an important figure in their lives and seeing them as a supportive figure in their lives. This was also a feature found by Mullan and colleagues (2007), in their study looking at what factors may impact the mental health of young people in care in Northern Ireland. When young people in the study were asked to award a significant individual, they recognised as most supportive they generally chose foster carers, professionals, siblings and friends, however birth parents were often recognised as most important. However, with the help and support of therapeutic interventions, communication between parent and young person can be strengthened. Young people can learn how to open up about their emotions and trust their parents, whilst parents can learn how to become that supportive role these young people need.

Siblings

The significance of the sibling bond and maintaining those important links whilst in care is one which has been consistently cited throughout the research (Biehal & Wade, 1996; Heptinstall *et al*, 2001; Herrick & Piccus, 2005; James, Leathers, 2005; Monn, Palinkas, & Leslie, 2008; O'Neill, 2004; Scott *et al*, 2005; Sen & Broadhurst, 2011; Shlonsky, Webster & Needell, 2003; Tucker, McHale & Crouter, 2001;). The sibling relationship for young people in care has been associated with a number of positive factors including fewer placement disruptions (Leathers, 2005), better psychosocial functioning (Tucker, McHale & Crouter, 2001), helping to maintain a sense of identity (Herrick & Piccus, 2005) and helping to reduce stress related to separation (Whelan, 2003). All young people with siblings in the current study identified a strong connection with at least one sibling, and a desire for contact with siblings whom they had been separated from. However, for the participants who were separated from siblings, attempts to maintain contact were met with barriers, legal obstacles and emotional distress, a common issue also found throughout the research (Heptinstall *et al*, 2001; Moyers *et al*, 2006; Sinclair, Wilson & Gibbs, 2005; Shlonsky, Webster & Needell, 2003). Separation experienced between siblings, like birth parents, can result in feelings of loss which can lead to an

impaired ability to form important attachments in the future (Whelan, 2003). The Sibling relationship was highlighted as significantly important in the current study but was impacted by complex issues mainly relating to contact and birth parent relationships. The effects of which included siblings taking on parental roles and some feeling as though they had become strangers to one another due to lack of contact.

Michelle was placed in care with her older brother from a very young age whilst separated from her younger siblings, and experienced multiple placement breakdowns during this time mainly due to her and her brother's behavioural issues. Michelle had attachment issues as a result of facing rejection from her birth parents throughout her life and numerous placement breakdowns, therefore she anticipated that subsequent placements would also breakdown. This resulted in her actively avoiding making any meaningful relationships with foster carers and friends in different schools. Until Michelle and her brother were moved to their now long-term foster placement, the only source of support and meaningful relationship Michelle had was with her older brother. The strength of the relationship was based on the experiences and issues both had endured during their time in care together including consistent rejection from birth parents, which made the dynamic of the bond take on a forcefully protective manner.

“Yeah cuz if somebody even looked at me wrong he'd have just knocked them out just for no reason. And if somebody even looked at him I'd be straight over. Like it's just the way it was. It was just because we stayed together”. Michelle

Consequently, this behaviour was the main cause of a number of school suspensions and placement breakdowns, however siblings having a negative impact on each other's behaviour, particularly in school and the foster placement environment is one which has been previously cited (Whelan, 2003). To combat this behaviour Michelle's foster carers sent both siblings to separate schools, which not only successfully combatted behavioural issues in school, but also made Michelle feel

valued and wanted, enabling her to better adjust and settle in her placement. The nature of sibling attachments and placement outcomes was explored by Whelan (2003) who described how sibling relationships in care can either support or weaken a secure attachment environment based on the dynamics and functioning of that relationship. If siblings are supportive of each other then they can enhance and promote a secure environment, however if their relationship has an experience of abuse they can then preserve an insecure caretaking environment (Whelan, 2003). Although Michelle and her brother had a strong bond, they served to enhance aggressive behaviour in school whilst together and remain unattached to carers in a defensive strategy to help cope the rejection they had experienced throughout their lives. By separating both siblings in school, the carer had accepted that the young people had emotional and behavioural issues as a response to past maladaptive environments, and actively tried to give them an opportunity to experience a healthy school atmosphere.

Michelle's brother remained her main source of emotional support throughout her life, even when her relationship with her foster carers had strengthened significantly. However, during this placement, Michelle was raped and became pregnant at the age of 17. Michelle's foster parents supported her throughout this traumatic event by reassuring her she could remain with them for as long as she needed. However, when asked who was her main source of support during that period in her life Michelle identified her brother, describing how she found it easier to talk to him about the impact of the experience. Studies have identified familial support and sources of social support as being important factors in mitigating the effects relating to abuse-related stress (Mrazek & Mrazek, 1987; Runtz & Schallow, 1997). Michelle's brother remained a vital source of support for her into motherhood and had a strong attachment bond with Michelle's son. Not long after the birth of her first son, Michelle became pregnant again to her second son and decided to live independently. Michelle described how often her brother would visit and help with the children by babysitting when she needed and playing with them. Sufficient support mechanisms can help young mothers cope with financial strains and help provide quality love and care for their children (Biehal & Wade, 1996). Although

Michelle's relationship with her birth parents remained volatile and lacked any emotional or practical support, she attempted to establish a relationship between her own children and her birth parents. However, attempts were futile and resulted in Michelle experiencing further rejection and abandonment by her birth parents.

"Yeah like loads of times you know because my kids have never met their granda and it's, it's not right like. And like I've sent him pictures of them and like all stuff like that but he just never replies, and it's just got to the point where it's, it's his loss you know. I'm not gonna make any more effort and put myself out when he's just not gonna bother". Michelle

Young mothers in care can feel isolated and rejected without family support, particularly from birth parents (Biehal & Wade, 1996; Chase *et al*, 2006). However, for some young people in care, parenthood can provide them with a sense of care and love that was absent in their own childhood (Corlyon & McGuire, 1999). Given the responsibility of raising two children whilst living alone, the support Michelle received from both her brother and her foster carers was significantly important. However, a concerning issue which Michelle described was the pressure she felt in supporting her brother, who suffered from mental health issues due to past drug use. It is common for siblings in care to adopt an almost parental caretaker role in the absence of birth parents (Ainsworth & Bowlby, 1991; Whelan, 2003), however with the responsibility of caring for her two young children and her brother's mental health issues it seemed more professional support in the form of after-care was a vital missing piece in this situation.

Although Michelle's foster carers allowed her to remain under their care until she was ready to move out, the pressure of coping with two young children and supporting a brother with mental health issues seemed to put a heavy amount of pressure on Michelle. It seems more professional support should be provided to young parents in care, who could potentially be supporting parental caregiver roles for siblings as well as their own children. Overall Michelle's relationship with her brother was an extremely positive and vital source of support throughout her life and

although she was dealing with a significant amount of responsibility and pressure, her motherly role seemed to give her a sense of stability, pride and focus in her life.

There is growing professional interest on the topic of siblings in care (Hegar 2005), however lack of available statistics in NI means the issue is one in serious need of further development if we are to examine the extent, prevalence and outcomes on issues related to sibling groups in care. What we can defer from the growing body of literature is that the outcome of sibling separation in foster care is more likely when there is a large age gap between siblings, when they come from a large family and when they are not placed in kinship foster care (Hegar, 2005). Despite recent research highlighting the positive outcomes, particularly in terms of placement outcomes, when siblings are placed together (Hegar, 1986; Hegar, 2005; Leather, 2005; Oosterman, Schuengel, Slot, Bullens & Doreleijers, 2007; Thorpe & Swart, 1992) or continue to have strong meaningful links through contact (Biehal, & Wade, 1996), many still experience difficulty in attaining and maintaining of contact with siblings (Heptinstall *et al*, 2001; Shlonsky *et al*, 2005). Two participants in the current study described how lack of contact had negatively impacted their relationship with younger siblings. Michelle had contact once a year with her younger siblings due to them being adopted, however with such little contact, no meaningful relationship could be established leaving Michelle feeling emotionally distressed by the situation.

“It was just more or less to remind them of who we were. Because at the start when we turned up, like every year when we turned up they didn’t know who we were until the social workers had said like ‘this is your brother and sister, remember you seen them last year at Christmas’ blah blah and then they sort of played with us and whatever but it was never close if you know what I mean. Like it was just, it was like meeting them all over again for the first time every year because they were growing up so much within that year and forgetting who we were ... It was heart breaking”. Michelle

Similarly, Tina was placed in care at the age of 11 months, whilst her 3 sisters remained in the care of her mum. Tina was unsure as to why she was placed in care, however her older sister described to Tina how she was the least favourite, being left in the hallway in her pram excluded from the rest of the family. This lack of clarity resulted in feelings of ambivalence regarding her sense of identity as she felt abandoned and rejected by her birth mum. In a recent study by Selwyn and colleagues (2016) on developing measures of subjective well-being for looked-after children and young people, understanding reasons as to why they were brought into care was identified as significantly contributing to their well-being. Young people and children in care who don't have a clear account as to why they were removed may draw their own conclusions by blaming themselves for family separation and experiences of abuse and/or neglect in their history (Selwyn *et al*, 2016). Tina's siblings were later all taken into care with the younger ones being adopted, however attempts at attaining contact were an ongoing struggle due to Tina's relationship with her mum

"All I know is when they went into care, is my mum was never allowed to have contact with them again and then because at the time I had contact with my mum, I was also cut off. So I haven't really sorted it out because the people who they went into care with adopted them, but they're not sure like they don't really want to talk to us encase we bring my mum back into it. So it's all like difficult to sort out". Tina

Although Tina no longer choses to have contact with her mum, the struggle to see her younger siblings is ongoing as Tina and her foster carer continue to attend solicitors in the hopes of establishing contact. Both cases highlight the obstacles young people face when trying to preserve or begin to build a relationship with siblings who have been separated. While policy (Children Act 1989) identifies the importance of trying to place siblings together, or maintaining links when separation is the only viable option, still some young people face great difficulty in having contact with siblings. Given the growing body of evidence suggesting the advantages to siblings being placed together or who maintain contact and close meaningful links, those children and young people who are separated or not given

sufficient contact are therefore being disadvantaged. Both Michelle and Tina had emotionally difficult contact with birth parents, therefore contact with siblings functioned as an important positive link to their birth family membership and identity. The impact of sibling separation in these cases was met with a great sense of loss for both young people, who desired to establish close and meaningful relationships with their younger siblings as this would represent an aspect of their birth family roots which wouldn't be linked to rejection neglect and fear (Heptinstall *et al*, 2001). For some children and young people in care like Michelle, siblings may also represent the only source of emotional support they have, therefore more provisions are needed to help preserve these significant relationships if all children and young people in care are to be given the best level of care and support services can provide.

Foster Family Membership & Support

Looked-after children and young people have more emotional and behavioural needs than the general population of those not brought up in care, frequently due to developmental issues relating to experiences which originate before coming into care (Padbury & Frost, 2002; Sinclair *et al*, 2001). However research has consistently highlighted that a placement which offers children and young people a sense of stability (Moyers *et al*, 2006), a secure base in which they feel safe (Cheung, Goodman, Leckie & Jenkins, 2011) and the development of meaningful relationships with foster carers (Oosterman *et al*, 2007; Sinclair & Wilson, 2003; Withington *et al*, 2017) can help children and young people cope and potentially overcome past experiences of maltreatment (Dickson *et al*, 2009; Withington *et al*, 2017).

The development of a positive relationship with caregivers, characterised by love, sensitivity and care (Schofield *et al*, 2000) has been associated with placement stability (Strijker, van Oijen & Knot-Dickscheit, 2011), lower levels of externalising behaviours (Cheung *et al*., 2011) and increased self-esteem and self-worth (Baldry & Kemmis, 1998; Luke & Coyne, 2008). Therefore, the relationship young people form with their carers can have a significant impact on their care experience and emotional and behavioural health (Withington *et al*, 2017). Almost all young people

in the current study had a strong identification with at least one foster carer they had been placed with during their time in care, some comparing them to a mother/father figure which had been absent in their lives. A foster carer can represent a source of support for issues young people may be facing, particularly in relation to the impact of previous maltreatment or ongoing contact difficulties with birth parents, by simply listening to their problems and talking them through (Luke & Coyne, 2008). For the young people in the current study the emotional support and sense of belonging foster carers provided them with resulted in a number of young people expressing their desire to maintain a sense of continuity in their relationships by remaining with their foster carer after the age of 18 or preserving their relationship through contact after they have returned home. Two long-term foster placements had resulted in such positive outcomes that they developed their status as foster cares, one changing to kinship foster care due to the stability of the placement, with another obtaining a residence order to gain parental rights over the young person. These developments represented a sense of belonging and reciprocal love for the young people, in the absence of such qualities with their birth family.

Children and young people in care who can identify a positive relationship with at least one person in their lives are more likely to have higher self-esteem (Ancil, McCubbin, O'Brien & Pecora, 2007; Farineau, Stevenson Wojciak & McWey, 2013) and more positive representations of self (Ackerman & Dozier, 2005). For most young people in the current study the role of a foster carer represented a positive source of stability, security and self-worth, by providing support in a number of different ways. Research has highlighted the importance young people place on feeling a sense of inclusion and membership within their foster care family (Butler & Charles, 1999; Heptinstall *et al*, 2001; Luke & Coyne, 2008; Mullan *et al*, 2007; Schofield & Beek, 2005) with outcomes associated to increased self-esteem (Luke & Coyne, 2008; Schofield & Beek, 2005) and increased felt security and self-worth (Schofield & Beek, 2005; Luke & Coyne, 2008). Both Stephanie and Lucy were placed in foster care with purposeful steps being taken to return both girls to their birth families, therefore placements were intended to be temporary. Placement's which are short-term can have negative outcomes for children and young people due

to their transient nature, as this can prevent some young people from settling, developing meaningful attachments with carers and impairing their sense of belonging (Mullan *et al*, 2007). However, caregivers who advocate responsive parenting (Sinclair, Wilson & Gibbs, 2005) and adapt a level of sensitivity (Howe, 2005) and acceptance (Schofield *et al*, 2000) are more likely to establish a secure attachment bond with children and young people in care, regardless of the length of time a child remains in a placement (Andersson, 2009). In Andersson's (2009) study of children in temporary care, no association was found between the length of time a child spends in placement and the quality of relationships they established with carers. These results were consistent with the accounts of the young people interviewed, as Stephanie and Lucy described what aspects they found particularly reassuring and comforting

"Yeah it was, they were all foster. Em they were just like, they were so welcoming. Because it was like, I remember driving up the first night and mummy had to bring down like quilts and pillows into a social services office and say goodbye to us. And we drove up and there was like not a word was spoken in the car. It was so sad. I remember going in and they were called Joanne and David and they have a daughter and she's like a year, she's 18, she's 2 years older than I am. And like the environment was so good for people that were coming from like so far away from them. But I really liked it. It was just the way they got on and the atmosphere and the way like, we were involved in everything to do with their family if you know what I mean. It wasn't like 'ah these are just weird people coming to live with us'". Stephanie

Being brought into care can be an extremely frightening experience for children and young people. Even with a history of maltreatment, some young people can experience a sense of loss and grief being separated from birth parents (Eagle, 1994; Goldsmith, Oppenheim & Wanlass, 2004). Stephanie vividly described the emotional distress she experienced during that initial separation from her mum as she drove away not knowing where she was going to live and what her future would hold. However, Stephanie emphasised how important her foster family were in

helping her cope with the emotional pain she had experienced during the initial separation. Stephanie particularly emphasised how comforting environments like the one she was placed in can be particularly reassuring for those young people being taken out of their usual setting and being placed much further from home.

Being fully immersed and accepted as part of a family has been identified as significantly important for young people in care, as it can help promote a sense of identity (Schofield & Beek, 2005) and increased self-esteem and sense of belonging (Luke & Coyne, 2008). The relationship Stephanie formed with her carer's children has also been highlighted as contributing to young people's self-worth and self-esteem (Butler & Charles, 1999) by representing non-threatening sources of support. Despite their short-term nature, the impact of such placements can be vital for children's emotional well-being (Ackerman & Dozier, 2005) and helping them cope with the many changes they face coming into care.

Another important issue which Stephanie highlighted was the sense of stigmatisation young people in care often face, describing her self-representation of her and her siblings as 'weird people'. Research has found that looked-after children and young people have an awareness of the stigma attached to being in care (Ridge & Millar, 2000) which can result in a spoiled identity (Goffman, 1963). It is common for young people in care to view themselves as different or abnormal, resulting in feelings of low self-worth and devalued as a person (Schofield *et al.*, 2004). However, in a study by Rogers (2016) on how young people manage stigmatisation, it was found foster carers can be seen as a source of support for those feeling indifferent or stigmatised. In Roger's (2016) study foster carers were seen to offer young people a sense of belonging and encouraged them to engage in social practices with other looked-after young people, enhancing peer support and the formation of in-group interactions (Goffman, 1963; Rogers, 2016). Research has also found that foster carers who are more accepting and emotionally invested have been associated with young people who develop more positive self-representations (Ackerman & Dozier, 2005) than those whose foster carers are less accepting,

helping increase self-worth. Therefore, Stephanie's excerpt depicts the importance of a supportive foster-care environment and the impact this can have on young people's emotional well-being (Ackerman & Dozier, 2005).

"Ah yeah like, me and her family get on but it's like, I just feel like another part of the family. Like I just don't feel like just like, I'm not like just another person if you know what I mean. Like I actually do feel like part of it. Because like we, we sit and joke and laugh and like they do like take the micky out of me and stuff so like. Richard like he's away at university, that's her grandson, her other grandson, he's 18 now. Like we would sit and take the micky out of each other and everything, so it's really good". Lucy

Throughout the research young people in care have highlighted the significance of feeling cared for and accepted by their foster family (Ackerman & Dozier, 2005; Allen, 2003; Andersson, 2009; Baldry & Kemmis, 1998; Chase *et al*, 2006; Cleaver, 2000; Farineau *et al*, 2013; Luke & Coyne, 2008; Martin & Jackson, 2002; Mullan *et al*, 2007; Schofield & Beek, 2005; Withington *et al*, 2017). The felt security in attachment relationships young people form with their foster carers is also significant in terms of how this translates into security not only within the home but also in the outside world (Schofield & Beek, 2005). Young people such as Lucy can identify as a member of her birth family and foster family, as they often experience a reciprocal love which doesn't threaten to replace birth family attachment relationships (Biehal, 2012). Here Lucy described the extent to which she has been integrated into her foster family life, particularly through being accepted by extended family members, a situation in which Sinclair and colleagues (2005) have identified as 'enacted permanence'. Lucy's membership with her foster family was imbedded in the inclusion she felt in everyday life and activities, which ultimately enhanced a sense of belonging. However, this routine family life also facilitated long-term perceptions of belonging and membership, as Lucy described her desire to remain in contact with her foster family, even after she had returned to her birth mum.

"But like granny says she wants me to come back and see her and stuff so like obviously I'm going to come back and see her". Lucy

Even though reunion was a goal in which steps were being taken to achieve for Lucy, the impact of inclusion and family membership has created a sense of continuity and belonging which will endure even after being returned home. Even the use of the term ‘granny’ to describe her foster carer can be considered as symbolising the significance of the relationship and family membership established between Lucy and her foster carer. This characterisation of names and relationships for foster carers was also highlighted by Biehal (2012) in which children’s use of names was interpreted as a display representing the children’s own definition of family membership and the sense of normality they felt in being included in this foster family unit. Overall young people in the current study highlighted the ability to feel a sense of membership in both their birth families and foster families, with no conflict issues, when foster families provided a sense of security and reciprocal love. The young people’s accounts also highlight the importance of feeling included and the impact this can have on young people’s self-perceptions of indifference or feeling stigmatised. Foster families can help mitigate feelings associated with exclusion or being different by including young people in their every day-to-day lives, enhancing feelings of belonging and self-worth.

Other Sources of Support

The theme of support has so far focused of young people’s sense of family membership within their birth family and foster family settings and the dynamics of these units which can contribute to the availability of support. However, research has highlighted the importance of just one supportive individual and the impact this can have on young people’s emotional and behavioural well-being (Dickson *et al*, 2009). This individual does not have to be blood related or a foster carer, just as long as they provide young people with the opportunity to discuss their emotions and be a security net to turn to in difficult times. Looked-after children and young people encounter several different individuals during their time in care, both professionally and non-professionally including social workers, advocacy workers, mentors from voluntary schemes and peer groups, adding to their network of support and care outside of their birth family and foster family units (Holland, 2009). Such

relationships described by some of the young people in the current study endured over long periods of time, even when formal roles of support and care had ceased. The recognition and appreciation of such supportive relationships and roles were even more significant to some of the young people when contrasted against previous experiences involving a lack of support such as previous social workers who had failed to provide the emotional or practical support the young person expected or required.

Young people in the current study recognised social services (or one particular social worker) and support from a mentor as playing a significant role in their lives. However, a number of young people also emphasised the significance of peer relationships and the difficulties they faced due to stigmatisation. Given the importance placed on peer relationships throughout the research (Edmond, 2003; Farineau *et al*, 2013; Luke & Coyne, 2008; Martin & Jackson, 2002; Rogers, 2016; Schofield & Beek, 2005) for those looked-after, accounts which highlight peer relationship difficulties will also be described.

Support from Social Services

In the current study all but one young person recognised a social worker they had built a strong relationship with and viewed as a significant source of support, some in a practical and emotional sense. The one young person who did not highlight this type of relationship had very little contact with social services as her foster carer had obtained parental responsibility. Research has fundamentally focused on the role social services play in terms of supporting contact arrangements and maintaining birth family links (Biehal & Wade, 1996; Dickson *et al*, 2009; Larkins *et al*, 2015). Although young people in the current study highlighted the significance of their social worker in terms of contact with birth parents, including the promotion of contact and the arrangement of contact sessions when more or less contact was requested, most young people appreciated the ethic or care and emotional support their social worker provided them with in a non-professional capacity. Young

people in particularly highlighted turning to their social worker to help cope with the impact of contact with birth parents

“Yeah I just, like I had a really close relationship with my social worker so I was able to, to tell her things that, like I wasn’t coping, like things she (mum) was saying and doing”. Emma

Emma in particular had issues with sharing her emotions, particularly in relation to contact difficulties, therefore the significance of having a social worker she could turn to for help when she felt she wasn’t coping was vital for Emma’s emotional well-being. The social worker to which Emma is referring to was moved from her case and Emma was given a new social worker. However, her experience with her new social worker was dramatically contrasted to the meaningful relationship she had established with her previous social worker, due to time-keeping issues and lack of practical and emotional support. Matters such as these resulted in Emma feeling her social worker had little time for her impacting her trust for local authorities. What most young people in the current study valued in their social worker was feeling valued through the informal aspects of the relationship such as catching up on events over a cup of tea or calling on the phone to see how things were going, a feature cited in previous literature (Baldry & Kemmis, 1998; Barnes, 2007; Frederick & Goddard, 2008 Holland, 2009).

“She, she was alright... she was really dead on like. She used to even just call in you know after work on her way home just, just for a cup of tea to call in. And that’s what I liked about her you know cuz you could talk to her. She wasn’t all formal and straight to the point like she’d sit and talk to you about anything. Were I prefer people to be like that than just come out and be like ‘mmmm right away’”. Michelle

Most of the young people cited the high turnover rate of social workers who came in and out of their lives due to issues such as change of placement, transitioning to the after-care team, or staff cuts. The issue of high turnover rates in social worker roles is a common concern highlighted by young people in care and has been cited in

previous research (Holland, 2009). Young people in the current study stressed the significance of meaningful relationships they had built with a social worker, regardless of the transient nature of these past relationships. Most of these relationships sustained even when formal roles came to an end, as young people described keeping in contact with particular social workers in a more informal capacity. This emphasises young people's desire and appreciation for this type of supportive and caring role, particularly the longevity of such relationships, despite the limited opportunities they are presented with to create and sustain this type of meaningful relationship. The nature of the support young people valued from their social worker varied, with some identifying the importance of practical help and support including financial assistance, help moving out and being able to identify specific therapeutic support. Both Stephanie and Peter struggled with complex issues with their birth families including parental homelessness (Peter) and the experience of sibling sexual abuse (Stephanie). Both young people were now in after-care, studying at college (Stephanie) and university (Peter), however, when reflecting on their time in care, both engaged in a critical sense of reflection and how these experiences had a significant impact on their emotional well-being and had ultimately changed them as a person.

“It was really weird like. See the first night I went back home in my own bed and all, I was like, what am I doing? Like this does not feel right.... you just think about it all. You know I still think about it now. I'd be like a really over-thinker. I think of all the, all the bad times and all that there”.

Stephanie

This critical sense of self-reflection led both young people to feel a sense of separation from their past experiences, as they pondered how they had coped with such traumatic events. Although both indicated how far they felt they had come emotionally since their experiences, both highlighted how significantly their encounters had impacted them. Childhood abuse can have important implications on children's development, particularly in relation to young people's sense of self (Bentovim, 1998) therefore self-reflection and managing emotions are positive steps to coping with traumas (Compas, Connor-Smith, Saltzman, Thomsen & Wadsworth,

2001). This resulted in both young people seeking support from their social workers in helping to establish necessary therapeutic interventions to help cope with past experiences. Emotional modulation and emotional expression can have important development implications for children and adolescents such as their ability to cope with future stressors into adulthood (Compas *et al*, 2001). Both young people were referred to counselling by their social workers, and Stephanie was referred to a number of additional interventions mainly regarding the importance of open communication and making safe choices. This type of practical support was necessary for both young people to help cope with the impact of past maltreatment and was not only an indication of the healing process both were engaged in, but also the trust they placed in their social workers to help them receive the counselling they needed.

Support from a Mentor

Most children and young people in care are deprived of the social support provided by a family unit, which is available to those not in care, due to the experience of childhood maltreatment (Pinkerton & Dolan, 2007). Research indicates this type of informal support which a family unit can provide can work to enhance resilience and has been associated with more successful coping mechanisms (Rutter, Giller & Hagel, 1998). Although some young people in care chose to turn to their foster family as a network of support, (Withington *et al*, 2017) others have extreme difficulty in developing and sustaining meaningful relationships with carers due to prior experiences of childhood abuse and/or neglect (Howe, 2005). This limits the opportunity for children and young people to gain a supportive relationship with an adult to professionals within a formal capacity. While social workers can play a significant role in young people's lives in terms of contact with birth parents and providing formal emotional and practical support (Larkins *et al*, 2015), the professional nature of the role and conflict between representing the needs of both the birth parents and children can make it difficult for young people to gain the emotional reciprocal friendship they so often seek (Barnes, 2007; Dalrymple, 2005).

For many young people in care who have difficulty in establishing a social network of support, the accessibility and role of a mentor can be a vital component in increasing feelings of self-worth (Frederick & Goddard, 2008). This has been described as an “invisible role” (Gilligan, 1999) due to the lack of importance placed on the significance of this type of relationship for looked-after young people. Research has shown that looked-after children and young people have identified the need for the role of a mentor in their lives, a non-professional adult who can guide and provide support, but also engage in a reciprocal friendship of trust and openness (Allen, 2003; Barnes, 2007; Cleaver, 1996; Dalrymple, 2005; Dickson *et al*, 2009; Frederick & Goddard, 2008; Martin & Jackson, 2002; Munro, 2001; Skuse & Ward, 2003). Participants in Dalrymple’s (2005) study on advocacy practice and children in care revealed the significance of having an advocate for looked-after young people, particularly due to the mutual respect, the equal distribution of power and friendship they provided.

The significance of a non-professional mentor is crucial as it gives young people the opportunity to express how they feel without experiencing any prejudice, as this individual would be unaware of their experiences of childhood adversity or maltreatment. Individuals who take on non-professional mentoring roles have been identified as an important attribution to educational success (Martin & Jackson 2002) due to their supportive nature and ways in which they communicate (McLaughlin, 2002). The importance of a mentor lies mainly with fact it is an additional meaningful relationship outside of the existing professional and caring roles young people already have access to (Gilligan, 1999).

All participants in the current study were recruited via VOYPIC, an independent charity organisation which empowers looked-after children and child young to take control of their own lives. Through this organisation all young people were provided with a mentor for a period of one year to help establish and achieve personal goals. The role of the mentor is an individual who has agreed to give time to this young person to guide them and be a source of support on a voluntary basis. The mentor

and young person have a small monthly allowance the organisation has provided them with, to engage in fun activities once a week. Both the mentor and the young person must decide how to budget the allowance and decide on the weekly activities of mutual interest. This not only empowers the young person to engage in decision making processes, but also provides valuable skills on how to manage their finances which will help prepare them for independent living one day. Those in after-care may be provided with an advocate from the organisation, who would represent the young person's rights and help them to make important choice. This role would extend into representing the young person in reviews and meetings and helping them with complaints procedures. The relationships here are based on providing the young person with valuable attention, guidance and respect based on a balanced relationship of equal power. The aspects of the mentoring role in which young people in the current study valued most were the engagement in activities to help overcome personal issues such as low self-esteem and lack of confidence, also the emotional support mentors provided by listening to their problems and feelings. Young people also highlighted the practical support which mentors and advocates provided them with, including attending reviews with them and advocating on the young person's behalf and helping young people with their applications for university and accommodation.

Peter suffered extreme self-esteem issues relating to his self-image and the stigmatisation he faced as a result of being in care. Adverse parenting behaviour and lack of social support has been linked to lower levels of self-esteem in adolescents (Liu, 2003). Young people in care are at an increased risk of developing self-esteem issues than those not looked-after due to the experience of separation from birth parents as a result of abuse or neglect (Ackerman & Dozier, 2005), as well the experience of multiple placement breakdowns (Timms & Thoburn, 2006). Self-esteem issues in adolescents has been associated with depression (Orth, Robins & Roberts, 2008), teenage parenthood (Herrenkohl, Herrenkohl, Egolf & Russo, 1998) and externalising problems such as aggression and delinquency (Donnellan, Trzesniewski, Robins, Moffitt & Caspi, 2005). Social exclusion and stigmatisation

as a result of being in care can also impact children and young people's self-esteem and self-worth (Ridge & Millar, 2000).

P: And this is the Gods honest truth, see 8 years ago, I was fat, small and bald ... And I wouldn't even go outside my front door. That is the Gods honest truth

I: Why?

P: Just ... issues. The whole stigma of being in care and stuff yeah ... I was a guy who needed a hug (laughs). And now look at me, I can't shut my mouth and I'm walking about like its Mr Universe so it is (laughs). Peter

The language used here such as '*God's honest truth*' and the pause '*just....issues*' expresses the honesty and emphasises the power behind this statement, revealing an incredibly emotive and personal period of his life. Peter laughs twice at two particular moments here for very two very different reasons, the first laugh was after a vulnerable statement describing his need for comfort and reassurance during a period in his life when his self-esteem was incredibly low. Here the laugh was used almost as a defence mechanism, to mask the emotions he is experiencing in reliving this moment. The second laugh after his self-comparison to '*Mr Universe*' highlights the humour and self-worth he has now developed. These contrasting laughs represent the difference and progression in Peter's self-worth and image as well as the increase in confidence and self-esteem he has gained since that period in his life. Peter's description of his isolation may have referenced physically not wanting to leave his house due to self-esteem issues, but it may also have been in relation to avoiding support for his issues due to past experiences of maltreatment and attachment issues (Frederick & Goddard, 2008). Peter needed a source of support additional to his existing networks to help him cope with his self-esteem issues, therefore Peter engaged with a mentor at VOYPIC. Peter and his mentor set goals to combat his self-esteem issues such as going for walks and to the cinema, engaging in activities of similar interest to help build a strong friendship of trust.

"So we went walking all over the place ... And bowling and it was just, even, believe it or not, he actually got me to buy my first ever drink ... order

food for myself because see when I came into care, I was like fostered kinship care with grandparents ...So our grandparents had us spoiled rotten (claps hands at the words spoiled & rotten for emphasis). As they do”.

Peter

Peter identified a personal achievement which he accomplished with the support and encouragement of his mentor, which involved ordering food for himself at a restaurant for the first time. The significance of this small act had a huge impact for Peter as it represented independence and a heightened sense of self-esteem. Peter described the importance of achieving this personal goal as his grandparents had taken care of Peter and his brother's, restricting his freedom and ability to learn essential life-skill to prepare him for independent living. The imagery depicted in Peter's statements, reflecting back to a time in his life when he was isolated and could not leave his own home due to low self-esteem, contrasted to him '*walking all over the place*' with his mentor represents a sense of freedom and development from his past self to a new independent confident sense of identity due to the role his mentor played in his life. This highlights the positive impact mentors can have in lives of looked-after young people, through the learning of important life skills and personal development, the support of having a mentor improved Peter's overall quality of life.

It is reassuring to see an increased interest in the promotion and development of mentoring schemes for children and young people in Northern. For example, the Western Trust, in partnership with Ulster University launched a mentoring scheme for children in care with Care Day NI in February 2016. The project involves mentors working with 10 looked-after young people in the Western Trust area to provide education support once a week after school. Schemes such as these can provide young people with an additional source of support to help encourage them to engage in hobbies in their local community (Gilligan, 1999), support young people in their academia, or help them achieve personal goals and increase self-esteem.

Peer Support

Research suggests peer relationships can have an important impact on the social development of adolescents, particularly those in care (Price & Brew, 1998). Peer relationships help to develop children's social skills and social identity by providing a sense of security which comes from being part of a group (Rubin, 1980). A study by Farineau and colleagues (2013) also suggested peer relationships can have a significant impact on adolescent's self-esteem. This may be due to the increase in importance adolescents place on peer relationships during this developmental period, as priorities shift from identification with family relationships to a desire for independence and freedom (Hodges & Tizard, 1989). This transference of priority can result in adolescents spending a lot more time with peers, as young people strive to experience a sense of belonging and inclusion amongst peer groups (Emond, 2003).

Studies have also identified peer relationships as having a significant impact on looked-after young people's self-image and identity (Hedin, Höjer & Brunnberg, 2011), through integration and acceptance within the school environment. Peer relationships have also been associated with academic achievement, for example in a study conducted by Martin & Jackson (2002), when care experienced young people who had attained educational success were asked what factors could be implemented to improve opportunities for educational success amongst children in care, almost all participants recognised the acceptance of peers, and feelings of 'normalisation' amongst peer groups. Participants also highlighted the importance of support and freedom to become involved in hobbies and interests with peers, to enhance their socialisation skills and self-esteem. Therefore, peer relationships should be maintained and encouraged, particularly for those in care, to help enhance young people's self-esteem and sense of belonging.

Maintaining important links with peers can also provide looked-after young people with a sense of continuity if there has been instability in their lives such as placement moves and be a valuable source of support (Luke & Coyne, 2008). However, for

many young people, being brought into care involves several different life changes which can disrupt existing social networks. Being removed from birth parents into the care of local authority involves moving home, which may possibly encompass moving to an unfamiliar location with new carers, a different school and new peers. Further disruptions are likely to ensue through placement instability, as children are estimated to experience at least four different placements whilst in care (Morgan, 2011). These disruptions can result in children and young people feeling isolated from their birth families and society (Emond, 2003), as well feeling alienated due to their 'in-care' status (Ridge & Millar, 2000). This can make it extremely difficult for children and young people in care to make new friends and feel socially accepted, particularly by peers who are not cared experienced (Rogers, 2016). There is also an increasing emphasis being placed on supporting the maintenance of contact with important individuals in children's broader social networks, particularly peer relations (Sen & Broadhurst, 2011). However, research suggests some young people struggle to attain contact with their friends, for example in an Ofsted report (2009) involving 291 looked-after children and young people, over a third (35%) stated they had no contact with any friends they had made before coming into care and 40% stated they no contact with friends they had made in previous placements. Despite the positive impact of maintaining and encouraging peer relationships with young people in care and their desire to feel accepted by friends, it seems this endeavour is often met with many difficulties.

It was surprising how little friends and peers were recognised by young people in the current study, given the evidence to suggest the importance placed on such relationships by adolescents (Luke & Coyne, 2008; Ofsted, 2009; Ridge & Millar, 2000; Rogers, 2016; Sen & Broadhurst, 2011). Only two participants suggested they turned to friends for emotional support, the particular peer group both young people were referring to had been met in VOYPIC and therefore were also care experienced. This meant none of the young people's accounts identified a significant friend or peer they could turn to or rely on for emotional support outside the VOYPIC environment. However, research has suggested that young people in care place an importance on identifying with those who share similar backgrounds to themselves

(Emond, 2003). Looked-after young people can experience identity issues due to their 'in-care' status and the stigmatisation they may face in society as a whole (Rogers, 2016). To overcome these identity issues and social isolation young people can establish support and social acceptance by creating their own 'in-group' with other care experienced peers (Emond, 2003; Ridge & Millar, 2000; Rogers, 2016). In one of the young people's accounts, Emma highlighted the difficulty she experienced in her school environment, as she struggled to identify with friends who were not in care.

E: Just really, like I didn't really know what to do with myself because like I really struggled in school, people talking about their mum's and dad's and their family life and I just like. Like I remember going into a new friend group and me pretending I live with my mum (laughs). I had to be like 'oh yeah my mum does that too' (laughs). I never really acted like I didn't live with my mum. It was really hard

I: Did nobody know then in school?

E: No. Emma

Here Emma recognises a sense of difference and the risk of social exclusion and stigma. The status attached to being in care has been associated with feeling devalued (Schofield *et al*, 2004) impacting children and young people's self-identity (Emond, 2003; Ridge & Millar, 2000; Rogers, 2016). Emma experienced fear of being identified and labelled as a result of her in-care status, therefore she not only chose to not disclose this information, but she lied about her lifestyle to feel more socially accepted and included amongst her peers at school. However, this situation seemed to place Emma under a great deal of stress, as the identity she portrayed to her friends was a farce, therefore, she could not rely on them for the emotional support young people in care require. There also seemed to be a sense of pain in Emma's account when her friends spoke about their birth families, as she contrasted this with her own life. Emma's mum often expressed how she considered Emma to be the blame for her and her sister going into care, which left Emma experiencing extreme guilt and loss. This resulted in Emma continuing to have contact with her birth mum due to feelings of guilt and pity, even though sessions were often met

with verbal abuse and rejection. In Emma's description of the difficulty she experienced when interacting with her peers at school it seemed feelings of self-blame and guilt for not living with her birth mum were exposed and revisited again. Emma's account overall corresponds with previous research identifying the impact that stigmatisation can have on young people in care's self-identity, sense of belonging and social security.

The risk of being labelled can result in young people feeling socially excluded from peers and therefore detaching themselves from a potentially valuable source of emotional support. Emma's account also highlights the impact maltreatment can have on the ability to establish meaningful peer relationships, as Emma felt a sense of difference to her peers for being in care which brought back feelings of guilt and loss. This means young people in care are inhibited and disempowered from being able to establish meaningful peer relationships due to social stigmatisation and the impact of past maltreatment (Ridge & Millar, 2000).

3.4 Conclusion

The aim of this phase was to explore young people's perceptions of issues relating to contact and the ways in which they are affected by the experience, as well as identifying issues which have an impact on the experience of contact itself. Findings have revealed the overall significance of issues relating to contact and the impact this can have on young people's emotional and behavioural well-being, with all participants expressing highly emotive reactions to the impact of contact with birth parents. The impact of the experience of contact with birth parents was found to affect many different aspects of the young people's lives including their relationships with key individuals such as foster carers and siblings, their ability to attain a sense of stability in their lives and their overall emotional and behavioural health. The experience of contact was in turn influenced by how the process was organised including the location, frequency, duration and source of contact, young people's inclusion in organisational processes, the emotional and physical support young people received, attachment relationships with birth parents and the attitudes of foster carers towards contact.

The distinct experiences of contact expressed by the young people and the ways in which they were impacted emotionally by the issue, concurs to the significance and complexity of the issue. The main themes identified in relation to the overall issue of contact were often interrelated to one another, with the significance of certain themes changing throughout the different phases of the young person's life. For example, some young people felt more disempowered than others in relation to organisational processes surrounding contact arrangements, however with the support of a key individual such as a foster carer or social worker advocating for the young person's views, this resulted in gaining a sense of empowerment and having their views heard. Therefore, although the significance of the impact of contact was consistent, the ways in which young people were impacted by the experience of contact varied throughout the young person's life.

The Impact of Disempowerment and Excluding the Voice of the Young Person

The distinct viewpoints of the young people's experiences, and the unpredictability associated with issues surrounding contact make it impossible to simply define overall experiences as either positive or negative. However, for all the young people in the current study, being removed from birth parents and entering the care system seemed to be associated with losing elements of control over certain aspects of their lives. This loss of control was experienced in a range of diverse situations and affected each young person's life in a distinct and emotional way. Correlating with the literature, contact was identified as a significantly important issue for the young people in the current study, inducing a range of emotions and impacting many aspects of their lives (Biehal, 2007; Dickson *et al*, 2009; Larkins *et al*, 2015; Moyers, Farmer, & Lipscombe, 2006; Timms & Thoburn, 2006; VOYPIC, 2014).

In a study conducted by Timms & Thoburn (2006) reviewing the practical implications of the Children Act 1989, 735 looked-after children and young people completed a survey on a number of significant issues relating to their life in care such as their involvement in court processes and care planning. However, one of the most significant issues raised by participants was the theme of contact. Findings of the study demonstrated that practice and procedures surrounding contact were perceived as particularly poor, with over half the children reporting feeling unsatisfied with the frequency of contact they were receiving with significant individuals in their lives. Furthermore, the inclusion of children and young people in decision making processes of contact arrangements was not sought, resulting in many children and young people feeling dissatisfied, unhappy and not feeling safe whilst in care. In this phase of the research, many of the young people felt excluded from important decision-making processes regarding contact which impacted the overall experience of contact and the dynamic of relationships young people try to maintain through contact. The lack of control young people experienced through contact sessions highlights the level of disempowerment children in care are challenged with, as many have little control over the experience of contact, and the impact this can have on other aspects of their lives such as attaining a sense of stability.

Most young people described contact sessions as fundamentally determined by parental attitudes and behaviours (Fong, 2016). For example, all young people had a strong desire for contact at certain stages in their lives and attendance was important as it provided an opportunity to develop, maintain or strengthen relationships with parents. However, the quality of the experience of contact and the purpose it served was largely determined by parental attitudes and behaviours towards contact. The quality of contact sessions was restricted and determined by a number of specific parental behaviours and attitudes including parent's attendance, parent's financial status and adverse behaviour during sessions such as verbal abuse or attending sessions under the influence of alcohol. For example, one young person described her mum's unpredictable attendance to contact sessions and felt her mum's only reason for attending contact was due to her dad's influence. As an outcome, this impacted the young person's emotional and behavioural health due to ongoing feelings of rejection, which in turn impacted her placement status. When contact does not meet the emotional needs or expectations of young people, this can result in emotional distress, for example crying after sessions or feeling devalued, frustrated or confused (Dickson, Sutcliffe & Gough, 2010) or result in behavioural issues. However, the significant impact of contact was also evidenced when young people in the current phase were satisfied with the quality of sessions, having their emotional needs met. In these cases, the attitude of both the young person and birth parent was critically important, as this impacted the purpose that contact served, mainly to develop a strong relationship and the potential to achieve reunion.

Without consistent assessment regarding the purpose of contact for each individual young person and their input with regards to the arrangement of sessions to fulfil an intended purpose including the frequency, duration, activity and source of contact, this can result in damaging effects for young people (Morrison *et al*, 2011; Moyers, Farmer & Lipscombe, 2006). In the current phase of the research contact which was organised with no or little input from the young person resulted in sessions which had the potential to cause emotional harm, for example young people attending contact sessions which exposed them to further rejection or verbal abuse. The damaging impact of contact has been cited throughout the literature (Mennen &

O'Keefe, 2005; Morrison *et al*, 2011; Moyers *et al*, 2006; Neil, Beek & Schofield, 2003) and commonly young people will express a desire for continued contact, being unaware of the detrimental emotional impact of continued contact with birth parents. Most of the young people in the current study expressed their desire for contact at certain periods in their lives with certain birth family members, whilst remaining content in their long-term placement arrangements and therefore did not want the overall outcome to result in reunion. However, by excluding the views of young people in contact organisational processes, the perceived purpose of contact is fundamentally guided to encourage and enable reunion (Department of Education, 2005), with decisions being primarily made by professionals. This effectively discounts the needs and wishes of children and young people who may not want or benefit from reunification or even the continuity of contact with birth parents (Biehal, 2007; Lucey *et al*, 2003; Munro, 2001; Stevens & Boyce, 2006; Taplin, 2005; Tarren-Sweeney, 2008). For example, due to his parent's alcoholism and homeless status, contact for Peter was limited to four times a year and involved his parents attending whilst under the influence. However, Peter valued the opportunity contact presented, as it provided an update on his parent's health and lifestyle. In this case regular updates from professional staff may have been sufficient in serving to reassure Peter of his parent's health.

Furthermore, when reunion was not the ultimate goal, contact seemed to serve no purpose other than to maintain links with birth parents which were already weak or potentially harmful. For some young people who were in long-term foster placements, the maintenance of contact often induced emotional distress as sessions lacked focus in resolving issues or developing a strong relationship between child and parent. Therefore, contact must be purposefully planned to meet the needs of all parties involved, whether it is to achieve reunion, improve or strengthen relationships, or simply maintain biological family links. Consistent reassessment with the input of all parties will also ensure the nature of contact will adapt to the changing needs of those involved, reducing the possibility of weakening or maintaining harmful relationships or causing emotional harm. Ultimately in cases where reunion is not achievable or the goal, the purpose of contact must be

determined. It is also important that an assessment be made to establish the safest option in meeting the needs of the young people in terms of their relationship with their birth parents, and to acknowledge that face-to-face contact may not be beneficial to the young person and in fact may serve to inflict harm.

Frequency and Quality of Contact

Literature suggests that the frequency of contact sessions with birth parents can have an impact of the child's attachment bond with birth parents (McWey & Mullis, 2004) and is one of the most recognised predictors for reunification (Fanshel & Shinn, 1978). The frequency of contact visits with birth parents varied substantially between each case and also throughout time for each young person. Peter for example had contact four times a year then none for a number of years until he was in aftercare, whereas Donna had contact every week with her mum, which was then reduced to fortnightly and then suspended altogether. The reasons for an adjustment to the frequency of sessions also varied considerably, including suspensions due to parent's behaviour during sessions, parents not showing up or young people feeling unable to cope with the impact of such frequent contact.

A number of young people also experienced conflicting emotions with regards to their desire for contact throughout certain phases of their lives. This was typically due to ongoing issues during contact sessions which would result in young people suspending further sessions until emotionally ready to once again engage in contact with a birth parent. Overall results suggest that the frequency of contact did not seem to impact the young people's attachment bonds or the strength of their relationship with their birth parents. Rather, results indicated a stronger association between pre-care attachment bonds and the quality of contact sessions. For example, if a young person had not established a secure attachment with their birth parents before entering care, or the relationship was already weak or problematic, then generally contact would serve to maintain or enhance these feelings and result in poor quality sessions. If there seemed to be a strong attachment bond with birth parents before entering care or a strong relationship had been established, then

contact served to maintain or strengthen the relationship. The only exception to this was in the case of Stephanie, who described feeling unable to openly communicate with her parents before entering care. However, contact sessions were purposefully planned to include therapeutic sessions for both her and her mum, therefore their relationship overall was strengthened.

The Purpose of Contact

It was found that the most fundamental reason behind contact was to maintain or enhance pre-care relationships related to both the young person's and parent's desires of what they wanted to achieve through contact sessions. For example, Stephanie was brought into care at the age of 10 and therefore had likely established an attachment bond with her parents before care. Stephanie described the relationship between herself and her mum as being distant when she first got brought into care, as she felt unable to confide in her mum during challenging times in her life. Stephanie remained in care for 6 years, however it was established that contact would serve to enable Stephanie to return to her parents by social services, as sessions were purposefully planned and involved therapeutic interventions to overcome communication issues which effected their relationship. Both Stephanie and her mum had a strong desire to achieve reunification and actively work towards overcoming issues which prevented Stephanie from being returned home. Stephanie was returned home to her parents after 6 years of being in care and felt her relationship with her mum was so strong that she could now confide in her about anything. However, in cases where a parent, young person, or both did not have a strong desire to achieve reunion, contact served only to enhance the dynamic of the relationship which had been established before being brought into care. For example, four of the young people in the current study had a history of maltreatment with their birth parents, however at certain stages in their lives they had a desire to establish a relationship with their parents through contact.

In all four cases contact sessions resulted in exposure to further abuse or rejection and served only to maintain a problematic relationship or breakdown the relationship

altogether. In these cases, without the parent's desire or ability to work towards specific goals to improve the relationship, contact served only to impact the young people's emotional and behaviour health.

In a review of the literature conducted by Boyle (2017) on the impact of contact on long-term foster care and adoption, it was reported that contact which resulted in exposure to further abuse, had implications on children's behaviour (bedwetting, sleep problems and hyperactivity) and attachment behaviours. The review reported that in incidents where children continued to experience parental rejection during contact sessions, this would cause a relapse in their behaviour to that which is associated to an insecure attachment style such as defiance and becoming withdrawn. This firstly highlights the complexity of attachment behaviours in cases of maltreatment as attachment behaviour can become disorganised and vary across different situations and in response to certain triggers such as the exposure of further abuse or rejection during contact (Howe & Steele, 2004; Howe & Fearnley, 2003). Secondly, this enforces the need to establish the purpose of contact from both children and birth parents (Haight, Kagle & Black, 2003). This can have serious implications in the quality of contact and enhance the risk of exposing children to further abuse through visitation which can result in serious implications on their emotional and behavioural health. For young people who experienced problematic contact, although they wished for a strong relationship to be established with their birth parents at certain times in their lives, they wanted to ultimately remain in their current placement. Therefore, the purpose of contact in these cases would have benefited from incorporating therapeutic interventions aimed at overcoming relationship issues. However, without the desire from birth parents to meet the same objectives, behaviours are likely to persist throughout contact and the risk of exposing children to further abuse or rejection may likely occur.

Attachment Bonds and Contact

The experience of contact was individual, yet highly significant for each young person, inducing a range of emotional and behavioural responses, a common theme

which has also been found throughout the literature (Biehal, 2007; Bilson & Barker, 1995; Browne & Moloney, 2002; Fanshel & Shinn, 1978; Haight, Kagle & Black, 2003; Larkins *et al*, 2015; Leathers, 2002; Macaskill, 2002). McWey & Mullis 2004; Racusin, Maerlender, Sengupta, Isquith & Straus, 2005). Although each young person had their own unique contact experience, what was evident throughout all accounts was the importance of relationships in how contact with birth parents impacted each young person and the impact key relationships had on contact.

Assessing Attachment Style

Earlier literature attesting to the benefits of maintaining contact with birth parents has most commonly been grounded in theories of attachment. It is crucial for young people to be able to form a secure attachment bond to at least one key individual for their social and emotional development (Ainsworth *et al*, 1978; Zeanah, Mammen & Lieberman, 1993). The development of a secure attachment bond with a primary caregiver can allow a child to explore their surroundings from a safe psychological base enhancing its felt security and potential for survival (Bowlby, 1969). Children who are securely attached tend to feel more confident in exploring their surroundings, are better socially developed and have higher self-esteem than those who are insecurely attached (Cassidy, 1999).

The attachment bond shared between a child and their primary caregiver (usually a parent) is related to their capacity to form future attachment bonds with others. Therefore, the breaking of a secure attachment bond, represented here by children who are taken into care, can have implications for the child's ability to form new attachments with future caregivers (Neil & Howe, 2004). This is based on an assumption that an attachment bond has developed in the first place. This has led policy makers and child welfare professionals to argue that continued contact with birth parents is necessary in order to avoid disrupting the parent-child attachment bond. However, many young people in care have experienced maltreatment in the form of neglect, abuse or rejection, therefore few coming into care would have formed secure attachments with birth parents. The majority of children entering care

are likely to have an insecure attachment relationship with their birth parents (Radke-Yarrow, Cummings, Kuczynski & Chapman, 1985) which can also impact the child's ability to form new attachment bonds if further rejection is experienced (Weinfield, Sroufe & Egeland, 2000). However, no matter the style of attachment, once an attachment bond is formed between a child and birth parent the separation of being brought into care is likely to induce distress and anxiety (Howe, Brandon, Hinings, & Schofield, 1999), an outcome associated with most of the young people's accounts within this phase of the research.

In consideration of the exploratory nature of the current of this phase, young people's attachment styles were not formally assessed therefore we can only assume the style of attachment bond young people had formed with key individuals such as birth parents and foster carers. The assessment of attachment relations is highly complex amongst those in care and cannot be inferred from one session, this would require observation of interactions through various situations. Interestingly however, some young people identified their birth parents as important key figures in their lives, having a strong relationship with them, yet did not identify them as a source of support. Most young people also stated how if given the choice they would choose to remain in the care of their foster family as appose to birth family, suggesting attachment security was not recognised within such relationships (McWey, & Mullis, 2004). This highlights the importance for professionals to consider that behaviours associated with specific attachment styles can vary throughout time and also be interlinked with other styles. Therefore, behaviours associated with attachment styles should be represented as a continuum of attachment behaviours rather than exclusive behaviours associated with particular attachment styles. For example, a child with an anxious attachment style may exhibit behaviours associated with attachment security including closeness to a parent in the presence of a stranger or a frightening situation. Therefore, although a young person may maintain a strong relationship with a birth parent, this alone does not represent a secure attachment style. The dynamic of the birth parent and child relationship should be professionally assessed and reflected in the justification and purpose of contact

arrangement as well as being recognised in the child or young person's ability to form new attachments with future carers.

Contact and Young People's Ability to Form New Attachments

One of the main theoretical assumptions attesting to the importance of continued contact with birth parents is that the breaking of a secure attachment bond between parent and child may have serious implications on a child's ability to form new relationships (Fratter, Rowe, Sapsford & Thoburn, 1991; McWey & Mullis, 2004; Neil & Howe, 2003). For example, Weinfield, Sroufe & Egeland (2000) explored the continuity of attachment security from infancy throughout early adulthood amongst a sample of high-risk children. Results revealed that those who had identified as an insecure attachment classification during infancy which continued into young adulthood were more likely to have experienced maltreatment than those with an insecure attachment during infancy who transitioned to adult security. However, those participants who transitioned from insecure to secure attachment classification had established better family functioning at the age of 13, therefore confounding factors such as placement status and children's resilience must be taken into account.

Other theorists have suggested that children's ability to form attachment bonds extends beyond the birth mother figure and can include a wide range of caregivers such as foster carers and other birth family figures (Kelly & Lamb, 2003; Rutter, 1981; Stovall-McClough & Dozier, 2004). The issue of attachment representations with birth mothers and secondary caregivers such as foster carers was explored by Deborde and colleagues (2016) amongst adolescents in care to describe how these relationships compared and were associated with young people's self-esteem. Results revealed that young people in foster care identified a more positive attachment relationship towards their foster mother than their birth mother. A correlation was also established between felt security with their foster mothers and the adolescent's self-esteem. Within the current study all young people identified a positive and strong relationship with at least one foster care during their time in care.

The age at which young people entered care varied considerably with the youngest being a few months old. The length of time young people had spent in care also varied from one and a half years to 17 years as did foster placement type (kinship/non-kinship care), therefore length of time in care, type of placement and age at entry into care were only partly associated with young people's ability to form new attachments.

Rutter (1981) reported evidence which allows a more complex analysis of the attachment process with new caregivers as reported by Bowlby (1969), stating that children who have insecure attachment styles with birth parents (as with most looked-after children) or who have not yet formed an attachment bond have the ability to form new attachment bonds with caregivers in new situations. This concept has been confirmed in more recent research (Stovall and Dozier 2000) for example Ponciano (2010) examined the attachment relationship between 76 children in foster care and their foster mothers and found that more than half the children have formed a secure attachment to their foster parent. In the current study the factors associated with young people's ability to form attachment bonds with foster caregivers was fundamentally based on the love and care they received during that placement including being included and identifying as part of their foster family. However, in one case, foster carers response and attitude to contact matters had an impact on this young person's overall experience within that placement. Stephanie described her experience in one placement in which she felt her foster carers undermined the importance she placed on contact with her family as they held an authoritative role with regards to contact processes and made contact arrangements difficult to engage in. Following this placement Stephanie developed a strong relationship with her new foster carer, as contact arrangements were supported and respected by her foster mother.

Overall results in this phase of the research highlight the significance of the potential impact of contact on young people, and how sessions can either function to strengthen the quality of relationships through focus and purpose, or re-expose

young people to potentially distressing experiences which weaken or breakdown family relationships. Additionally, assessing which attachment styles predominate the relationship between looked-after children and their birth parents could aid in preparing what purpose contacts serves and therefore how it is ultimately shaped. In this phase most of the young people described positive attachment behaviours towards at least one foster carer during their time in care through identifying them as a source of support which helped to build the young person's resilience and self-esteem. Even when contact was emotionally distressing all young people in the current study formed a strong positive relationship with a foster carer during their time in care. This suggests although contact impacted the emotional and behavioural health of some young people which was detrimental to their placement status during certain situations, all young people had the ability to form new attachments with secondary caregivers (Deborde *et al*, 2016). Therefore, contact should not be fundamentally viewed as necessary for children to achieve secure attachment relationships with future carers, but rather assessed and determined on a case-by-case basis which serve the best interests of the young person (Boyle, 2017).

Relationships with birth parents and continued contact should not be in anyway associated with the impact of contact with other birth family members such as siblings. In this phase three young people described the emotional hardship they endured in trying to establish contact with other birth family members and the barriers they faced which restricted their ability to maintain these important relationships. In all three cases contact with birth parents was extremely problematic, and the potential for contact with siblings for example may have provided important protective factors in the absence of a healthy or secure attachment bond to birth parents (Boyle, 2017). Overall, the literature available to social workers and policy-makers demonstrating high-quality evidence is limited due to methodological challenges and weaknesses (Boyle, 2017; Fox, Frasch & Berrick, 2000; Steven & Boyce, 2006; Tarren-Sweeney, 2008). Therefore, whilst practice surrounding contact with birth parents could be revised, the restricted empirical evidence available does not adhere to the principles of The Children's Act 1989 which provides the statutory framework for children in the care of local authority

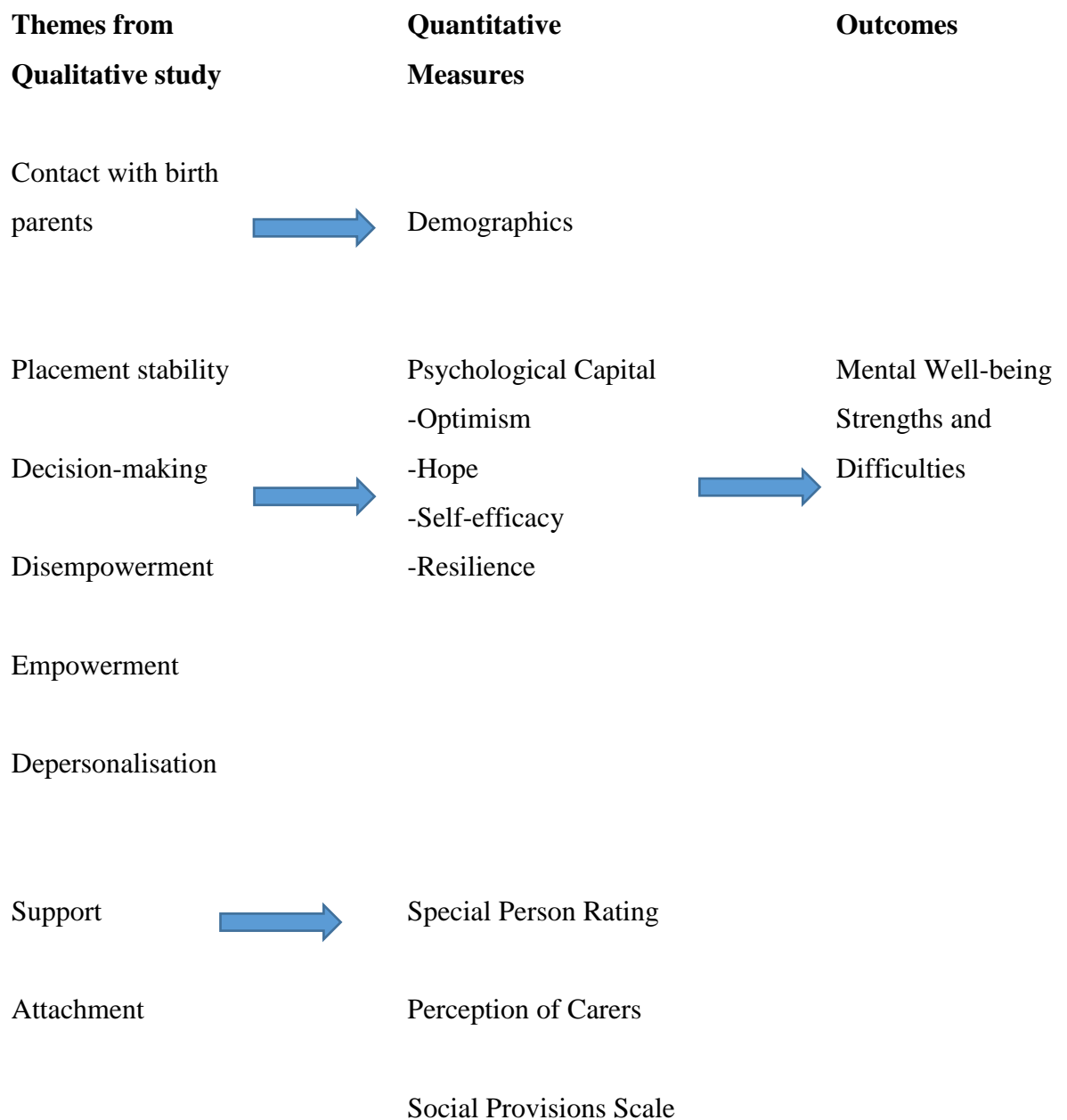
(Department of Education, 2005). Although the 1989 Act determines that local authorities are required to promote and facilitate the maintenance of continued contact with birth parents (unless this poses a threat to the child's safety and welfare) arrangements surrounding contact are primarily determined by local authorities. Greater priority should also be given to exploring how contact with birth parents can be effective in supporting young people's emotional well-being in cases where reunion is not a viable option. Therefore, contact arrangements should be carefully considered in each individual case by assessing the style of pre-care attachment bond, the purpose of contact for all parties, the arrangement of contact in meeting the needs of the child and established purpose of sessions, and the ongoing assessment of emotional impact of contact.

Chapter 4: Contact with birth parent's and the role of attachment on looked- after children's well-being

4.1 Introduction

This section describes and discusses the second phase in the overall study which involved a quantitative survey building on and informed by the qualitative phase above, and also drawing on the previous literature. The relationship between the qualitative themes and the variables and measures in the quantitative study is illustrated in Figure 4.0.

Figure 4.0: Links between qualitative themes and qualitative variables and measures



Overall the qualitative results revealed the complexity and significance of the issue, particularly the emotional impact of contact across all cases, and how the experience of contact impacted other important aspects of the young people's lives such as placement stability and sense of belonging. A total of 5 key themes were identified throughout the participant's accounts including disempowerment, depersonalisation, empowerment, contact & placement stability, and support & attachment relationships, as well as an embedded theme of contact throughout.

Disempowerment

In the analysis these were identified as separate but related in that some participants felt both empowered and disempowered by aspects of their experience.

Disempowerment was identified as a key factor contributing to the children's overall experience of contact. Participants felt they had a lack of control over many aspects of contact including the frequency, location and the source of contact which often resulted in feelings of distress and feeling devalued. Of the 7 care-experienced young people interviewed, all 7 participants highlighted issues surrounding disempowerment. The literature coincides with this view, as it highlights the disempowerment children and young people can feel in relation to decision making processes surrounding contact. For example, Timms & Thoburn (2006) explored the views of 735 looked after children and young people throughout the UK. Results from this study revealed that contact was an area of 'poor practice', with children and young people's views and opinions either not being sought or taken on board, leaving children feeling devalued.

There are no direct measures of empowerment or disempowerment as this construct is subsumed within the construct of perceived control. However in giving meaning to the personal experience of these young people the construct of empowerment is felt to be more personal and more closely aligned to meaningful emotional experience. In qualitative research it tends to be operationalised under the construct of perceived control and hence for this stage of the study the measure of psychological capital was chosen. This is an emerging construct in the literature on coping with stress,

particularly in the field of work (Luthans et al, 2007). It encompasses the psychological states of optimism, hope, self-efficacy and resilience. Arguably it is the closest quantitative equivalent to empowerment / disempowerment. Clearly self-efficacy describes a sense of control in general while hope and optimism relate to future expectations of control. Feeling resilient again is aligned with a sense of empowerment (Cassidy, 2011).

Depersonalisation

Of the 7 care-experienced young people interviewed, 6 participants highlighted experiencing feelings of depersonalisation at some point in their care journey. Depersonalisation in this case referred to experiences which resulted in the young person feeling devalued as a person or unimportant to others. Young people reported experiencing depersonalisation through a number of different means, including their relationship with their social worker, feeling excluded from decision-making processes and the way in which young people were communicated to by professional services. Similarly, research has also shown that looked-after children and young people are often left feeling devalued by key individuals in their life impacting their self-esteem (Buchanan, 1995; Leeson, 2007; Munro, 2001). There are no quantitative measures that capture this sense of depersonalisation. However, the experiences expressed could be argued to underpin a lack of hope or optimism and it is argued that the constructs within psychological capital provide a proxy measure.

Empowerment

In providing care-experienced children and young people with opportunities to become involved in decisions making processes and feel confident in expressing their views, professionals and key individuals played an important role in empowering the young people. However, key factors were identified as having an impact on children's ability to feel empowered, including age and young people's relationship with key people such as social workers and foster carers. The importance of age in terms of becoming involved in decision making processes was directly correlated to young people's willingness to voice their opinion. Similarly, in

a study by Munro (2001), looked after children and young people between the ages of 10-17 were asked to describe the degree of influence they felt they had in decisions which affected their lives. Results showed that older children in the study were more likely than younger children to report complaints and become fully involved in important decision-making processes. Young people in the current investigation also identified a social worker who helped them feel empowered, highlighting the significance of such relationships. Throughout the literature young people have particularly highlighted the importance of support from professionals such as social services and the impact this can have on their ability to feel empowered (Allen, 2003; Baldry & Kimmie, 1998; Leeson, 2007; Martin & Jackson, 2002; Munro, 2001). Young people also identified relationships with foster carers and how support from made them feel empowered to become involved in decisions which affect their lives including contact.

There are no direct measures of empowerment or disempowerment as this construct is subsumed within the construct of perceived control. However, in giving meaning to the personal experience of these young people the construct of empowerment is felt to be more personal and more closely aligned to meaningful emotional experience. In qualitative research it tends to be operationalised under the construct of perceived control and hence for this stage of the study the measure of psychological capital was chosen. This is an emerging construct in the literature on coping with stress, particularly in the field of work (Luthans et al, 2007). It encompasses the psychological states of optimism, hope, self-efficacy and resilience. Arguably it is the closest quantitative equivalent to empowerment / disempowerment. Clearly self-efficacy describes a sense of control in general while hope and optimism relate to future expectations of control. Feeling resilient again is aligned with a sense of empowerment (Cassidy, 2011).

Contact & Placement Stability

Young people's placement experiences were related to the impact of contact and foster carer's attitudes towards contact, a finding which has been identified in the

literature (Simms & Bolden, 1991). The importance of the role of foster carers in the maintenance of contact sessions with birth parents was evident in most of the young people's accounts as well as throughout literature, which demonstrates the impact foster carers attitudes can have on the young people themselves and how contact sessions take place (Simms & Bolden, 1991). When young people in the current study described foster carers attitudes towards contact as supportive, their overall experience within that placement seemed to be viewed as positive. However, not all placement experiences were viewed as positive as some young people described multiple placement breakdowns for several reasons, including the young person's behaviour, foster carers moving location and a breakdown in the relationship between the young person and the foster carer. The impact of contact on young people's emotional and behavioural health was identified as playing an important role in young people's ability to maintain stable placements and build strong attachment bonds with foster carers. In the quantitative study these were measured in the demographic section of the questionnaire.

Support & Attachment Relationships

Support and attachment relationships were identified as one of the most significant aspects of the young people's overall care experience, due to the importance of significant relationships on young people's emotional well-being. Two important support units were identified in terms of young people's exposure to support, birth family memberships and foster family membership. Most of the young people had a sense of ambivalence surrounding their identity and membership within their birth-family due to a range of complex issues. This meant social-support from birth family structures was limited or in some cases not evident at all, resulting in some young people coping with highly stressful situations alone. However, almost all young people in the current study had a strong identification with at least one foster carer they had been placed with during their time in care, some comparing them to a mother/father figure which had been absent in their lives. These key relationships helped young people develop resilience against the impact of difficult contact with birth parents, as well as empowering young people to become involved in decision making processes surrounding contact. The emotional support and sense of

belonging foster carers provided young people with, resulted in a number of them expressing their desire to maintain a sense of continuity in their relationships by remaining with their foster carer after the age of 18, or preserving their relationship through contact after they have returned home.

Proposed Contact Model

Overall, results stemming from the initial qualitative phase suggest that the most fundamental reason behind contact was to maintain or enhance pre-care attachment bonds. In cases where a strong relationship and a desire to maintain this bond was evident with both the young person and parent, contact served to strengthen this attachment bond. This enhanced young people's resilience towards being separated from a birth parent and provided young people with a sense of support. However, in cases where a healthy attachment did not seem evident, and a parent, young person, or both did not have a strong desire to enhance the relationship, contact served only to enhance the dynamic of the pre-care relationship and bond. In such cases, the impact of contact resulted in behavioural and emotional issues, which impacted their sense of belonging and self-esteem.

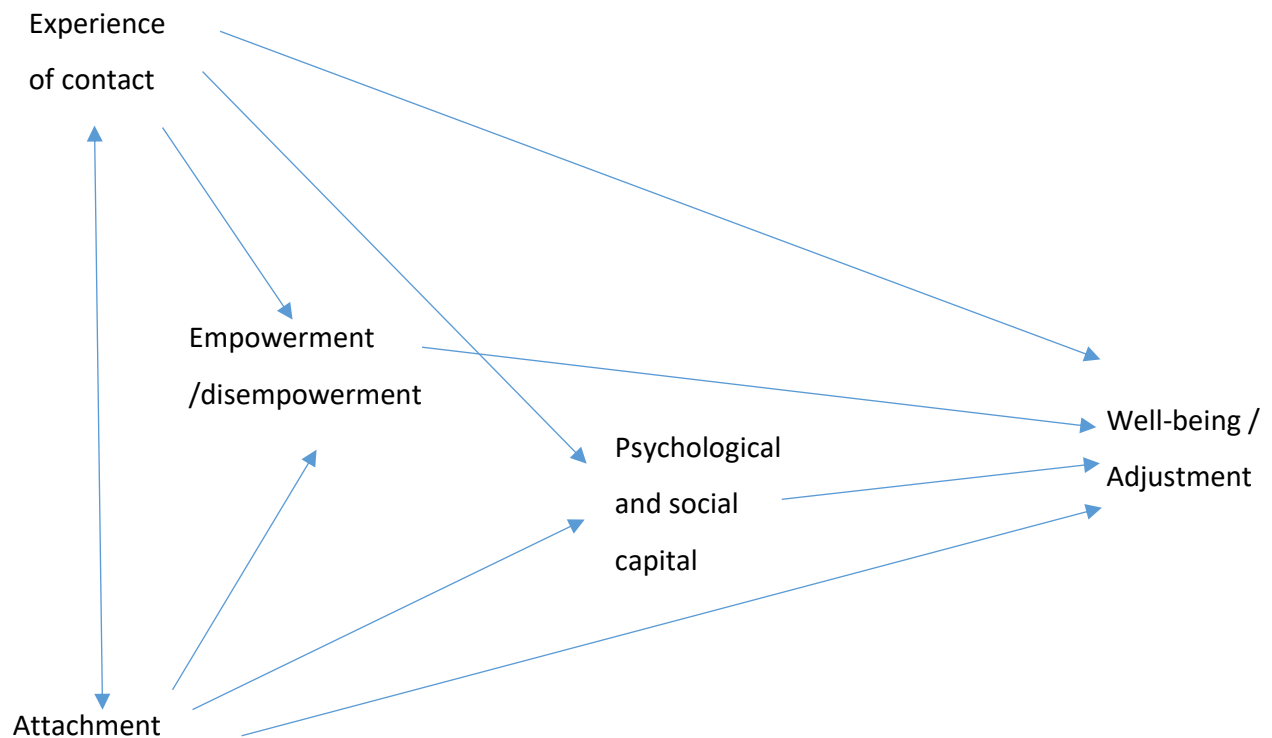
This was most evident in cases where young people had a history of maltreatment with their birth parents. In such cases contact sessions resulted in exposure to further abuse or rejection and served only to maintain a problematic relationship or breakdown the relationship altogether. In these cases, without the parent's desire or ability to work towards specific goals to improve the relationship, contact served only to impact the young people's emotional and behaviour health. These findings have also been corroborated in previous research, in which looked after children with a history of maltreatment continued to experience parental rejection through contact (Boyle, 2007). As found with the qualitative phase, results suggest such experiences can lead to adverse outcomes such as behavioural issues associated with insecure attachment styles including defiance, becoming withdrawn, and a relapse in behaviour. Importantly, in cases with seemingly insecure attachment bonds, almost all young people in the qualitative study had a strong identification with at least one

foster carer they had been placed with during their time in care, some comparing them to a mother/father figure which had been absent in their lives. These key relationships helped young people develop resilience against the impact of difficult contact with birth parents, as well as empowering young people to become involved in decision making processes surrounding contact. The stability of a secure placement and the development of a deep and meaningful relationship also enhanced young people's emotional and behavioural health.

These findings are particularly important, as one of the central cases for the advocacy of continued contact with birth parents across policy and throughout research is that the breaking of a secure attachment bond with a primary care giver (usually a parent) is related to young people's capacity to form future attachment bonds with others. However, almost all young people in the qualitative study identified as a member of their foster family, comparing carers to a mother/father figure, which had been absent in their lives. Most young people highlighted a desire to continue such relationships even after placements had ended, therefore the ability to form new attachment bonds was very much evident. In terms of the quantitative study the themes expressed here are measured by the three separate scales. The Perception of Carers scale and the Special Person Rating scale were constructed for the study (as described later) based on the expressed importance of the relationship with carers and in particular the importance of having an inspiring person in their lives. The third scale, the Social Provisions Scale is an established measure of perceived support and contains a dimension which measures the quality of perceived attachment.

Based on these findings the following contact model was developed to link the key themes identified to quantifiable measures;

Proposed Contact Model



The model identifies the initial pre-care attachment bond and its relationship with contact, which either serves to strengthen the bond and empower young people, or maintain a difficult relationship resulting in disempowerment. The pre-care attachment bond and experience of contact can then impact young people's overall well-being. However, a secure attachment with a key individual can act as a mediating factor, enhancing a sense of psychological capital (an individual's positive psychological state of development, characterised by hope, resilience, optimism and self-efficacy, Luthans *et al*, 2007) and social capital. These two constructs can have a significant impact on children and young people's overall well-being and adjustment, highlighting the importance of exploring continued contact with birth parents as a developmental issue.

Aims of this phase

The aims of this quantitative study were to test if the relationship between quality of contact with birth parents, quality of attachment relationships, and experiences of care and well-being or problems (as measured by the SDQ), identified in the qualitative analysis could be observed in a quantitative analysis of a larger sample of looked after children. In addition, the aim was to test if some of the mediating variables (empowerment / disempowerment, depersonalisation, support) proposed as themes could demonstrate a mediating effect in quantitative analysis.

4.2 Methodology

This study builds on the qualitative work and uses a quantitative survey to explore contact and a range of related issues in a sample of looked-after children.

The present analyses involve a series of statistical analyses using data collected from a sample of looked-after children across a large region within the RoI. The main purpose of these analyses was to examine the relationship between these birth family contact factors and outcomes for children in care. The specific outcomes associated with this study were to explore the role of attachment and gain insight into the psychosocial factors which have an impact, not only on the overall experience of contact, but also on the health and well-being of looked-after children.

Survey design

To examine the relationship between contact and a number of related issues as identified in results stemming from an initial qualitative study, the most appropriate tool was felt to be a survey-based questionnaire (See appendices 2). Survey research originated in applied social research, market research, and election polling to gain information as quick and effectively as possible, across large populations (Fowler Jr, 2013). It has since become an important and valuable approach in many academic disciplines, including psychology, political science, sociology and public health.

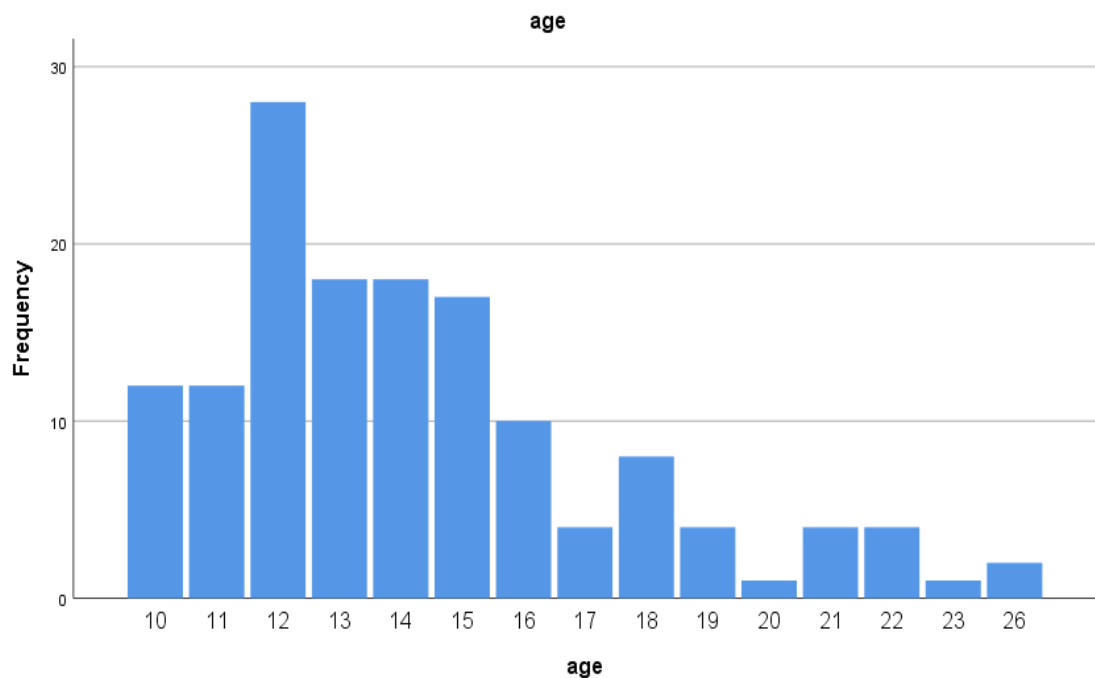
The survey design provides a quantitative description of specific trends of a population sample (Goodwin & Goodwin, 2016), in this case psychosocial factors in relation to contact were explored amongst a sample of looked-after children and young people. From the findings, inferences can be made regarding the behaviour,

outcomes and attitudes of this sample on the issue of contact with birth parents (Babbie, 2001). There are many advantages to utilizing a survey design, including sampling procedures which allow for the researcher to feel confident that the chosen sample is not biased. This was achieved in this phase by distributing surveys to a sample of as many looked-after children and young people as possible across a region with the RoI. The survey also encompassed standardised measures to assess statistical relationships between contact and other variables. This helped to ensure reliability and validity and that comparable information was obtained across the entire sample. Specific purposeful questions were also incorporated, regarding personal attitudes and behaviours of children and young people's contact experiences and background. Looked-after children are a hard to reach population and there are ethical concerns which often make it difficult to access this population. Essentially it is sometimes the case that Health and Social Care professionals with a responsibility for looked-after children will simply refuse access for research purposes as a default option. An opportunity arose due to pre-established contact with senior professional in an area in the RoI who was sympathetic to the research.

Participants

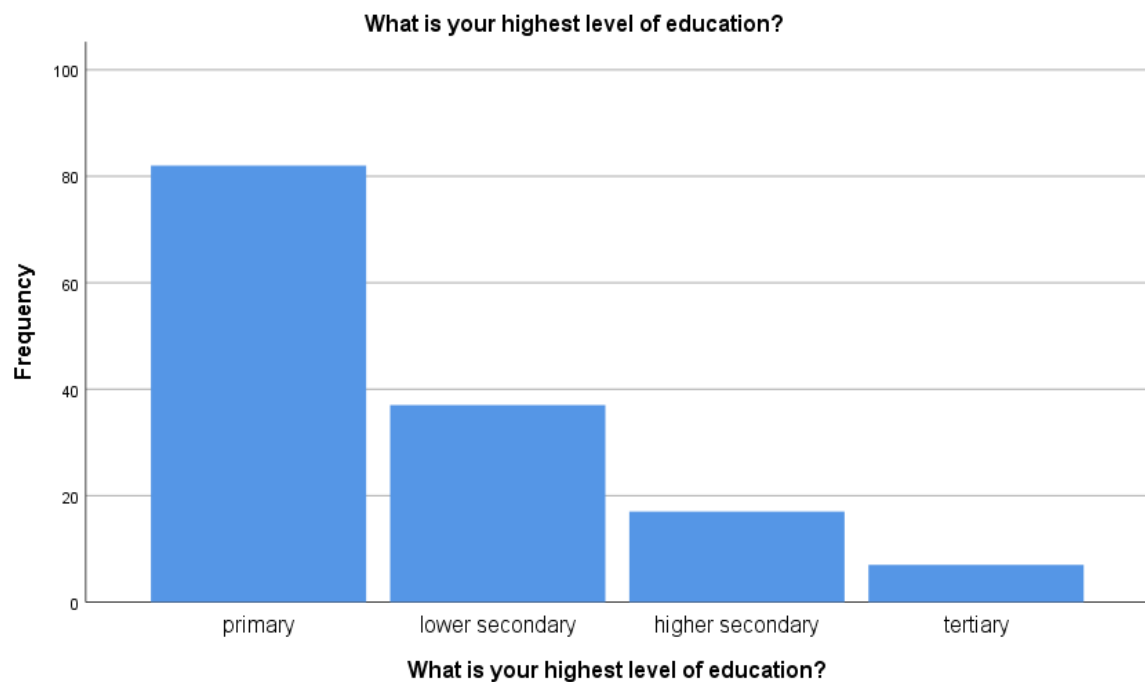
These were 143 young people in care, 66 male and 77 female, ranging in age from 10-26 years ($M=14.29$, $SD=3.35$). Criteria for participation in this study was limited to children and young people who were in a local authority care (including after-care services) in the RoI during the time of investigation. Participants were accessed through the relevant health and the social care authority Tusla Child and Family Agency within a region of the RoI. This was a convenience sample, based on accessibility via Tusla, however as many children and young people as possible who met the inclusion criteria were administered a questionnaire to ensure equal probability across this region. Age distribution is shown in in figure 4.1 below.

Figure 4.1 Age distribution of participants



Other characteristics explored in the survey included children and young people's highest level of education. This was felt important as often children in care and previously looked-after children start with the disadvantage and difficulty of their pre-care experiences and often have special educational needs. Although children and young people's educational level was not a main objective of the research study, it felt important to detail the level of attainment this sample had achieved whilst being in care. Research has consistently reported on the poor outcomes for looked-after children, particularly their low educational attainment (Berridge, 2007). The distribution of education is shown in figure 4.2 below.

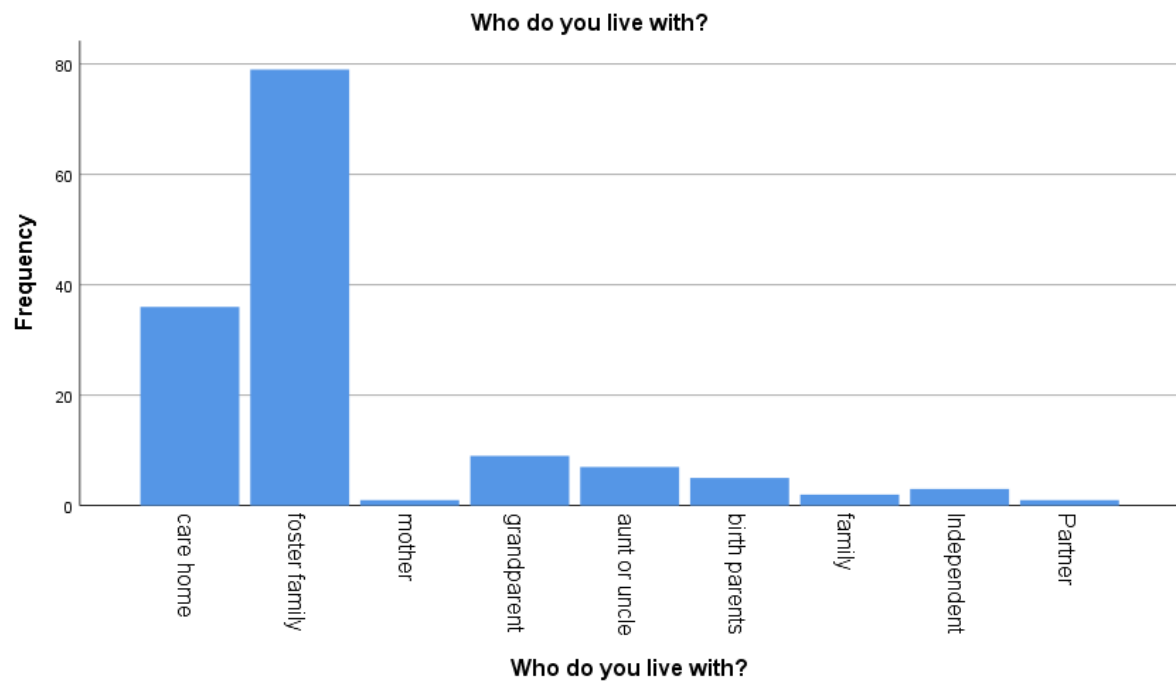
Figure 4.2 Highest level of education achieved



Although the results show that most children and young people in the sample had achieved primary school level (57.3%), this is to be assumed given the age distribution being significantly higher for children of the primary and lower secondary school age, which would also factor into the low number of young people in further/higher education (4.9%)

The next question explored what type of placement children and young people currently resided in. This was important as research has shown that different placement types may have an impact on the support children and young people receive in terms of contact processes (Baldry & Kemmis, 1998; Luke & Coyne, 2008; Schofield *et al*, 2000; Strijker, van Oijen & Knot-Dickscheit, 2011). In the current sample, the majority lived in a foster family (55.2%) (See Figure 4.3 below).

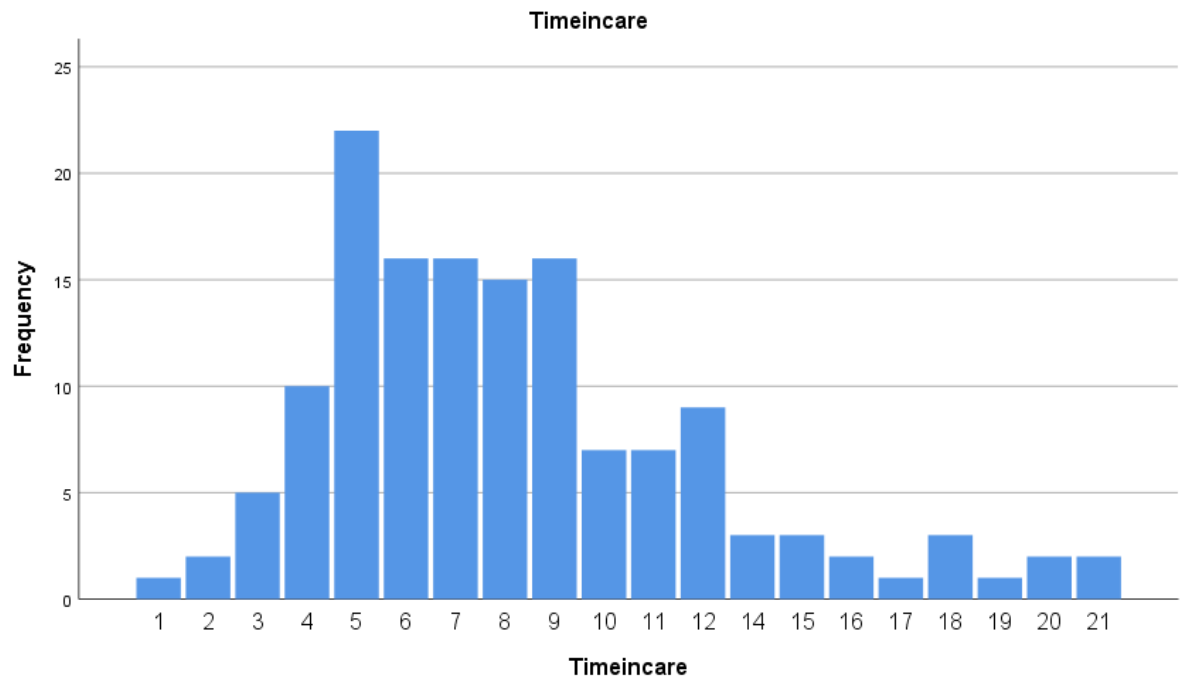
Figure 4.3 Placement type



These results are parallel to those found across the general population of looked-after children across the RoI, with 92% of all children in care being placed with foster carers.

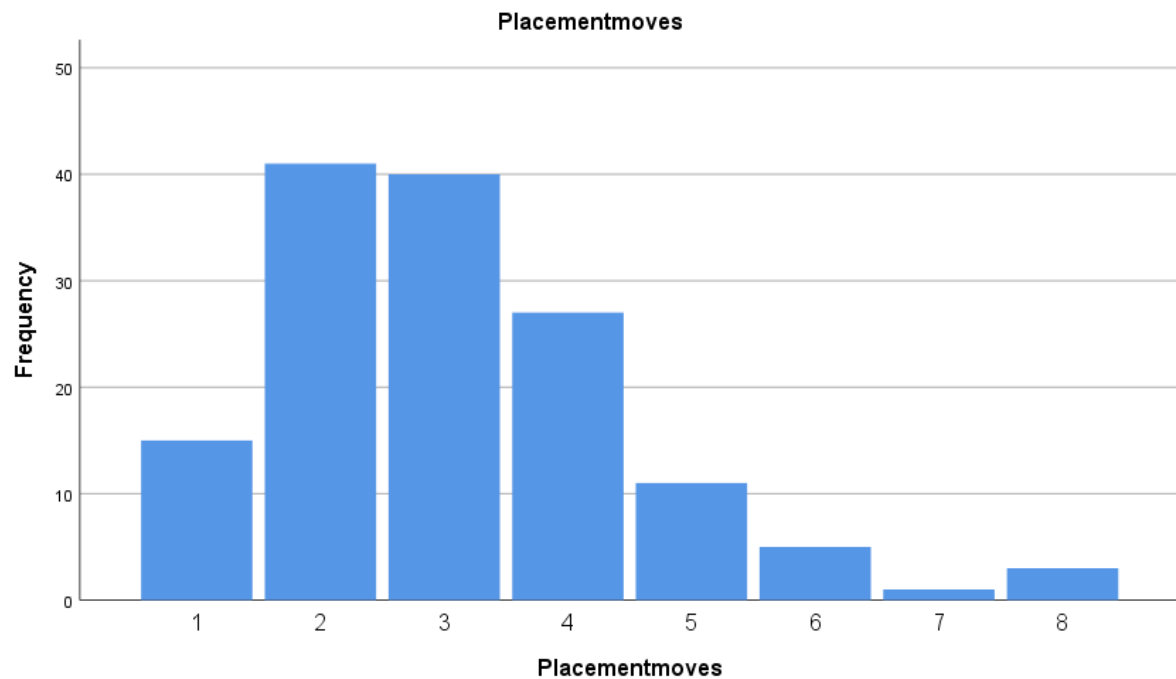
The duration which children had been in care was explored, as research has identified a number of factors correlated to placement disruption, including sex and age of the children as well as emotional and behavioural health (Doelling & Johnson, 1990; Millham *et al*, 1986; Stone & Stone, 1983. Length of time in care ranged from 1 to 21 years and the distribution is shown in figure 4.4 below. The majority of the sample spent 5 years (15.4%), 6 years (11.2%) and 7 years (11.2%) in care.

Figure 4.4 Length of time spent in care

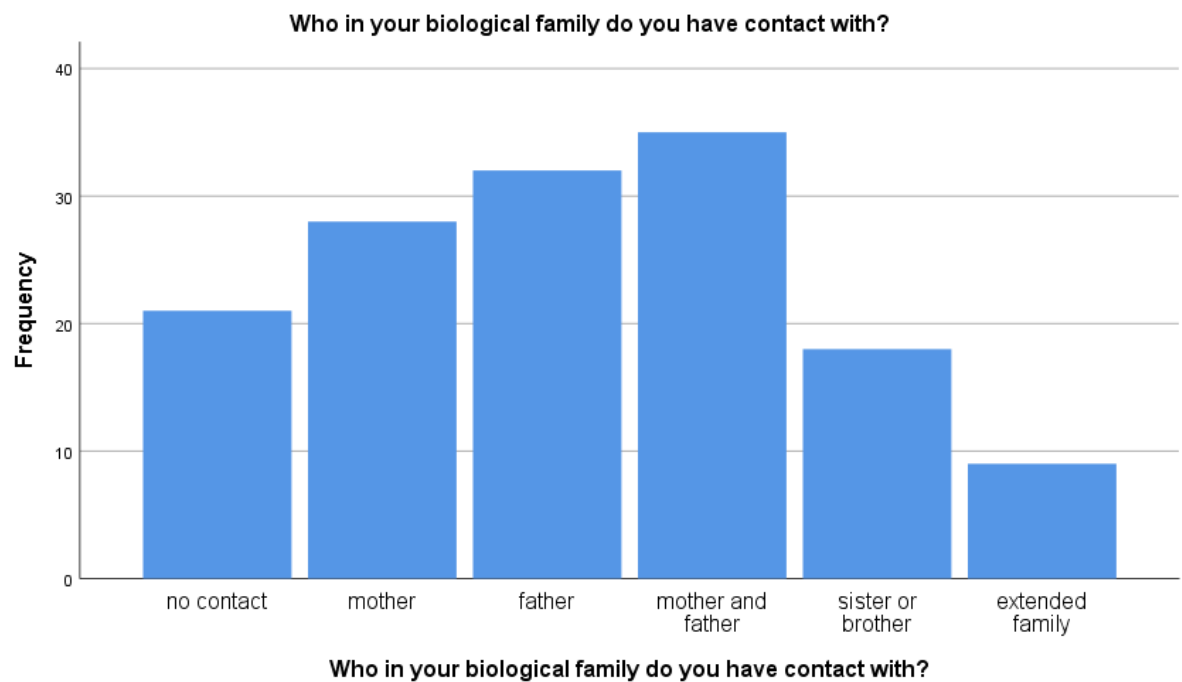


It is widely accepted that placement stability is vital for the success of foster care placement. Once removed from a pre-care environment, children in care are often confronted with further disruption through multiple placement breakdowns. This can result in difficulties trusting adults or forming future attachments (Newton, Litrownik & Landsverk, 2000). In the current phase of the research children and young people had moved home between 1 and 8 times in their life as shown in figure 4.5 below. The highest percentages of children moved two (28.7%), or three (28.0%) times.

Figure 4.5 Number of placement moves

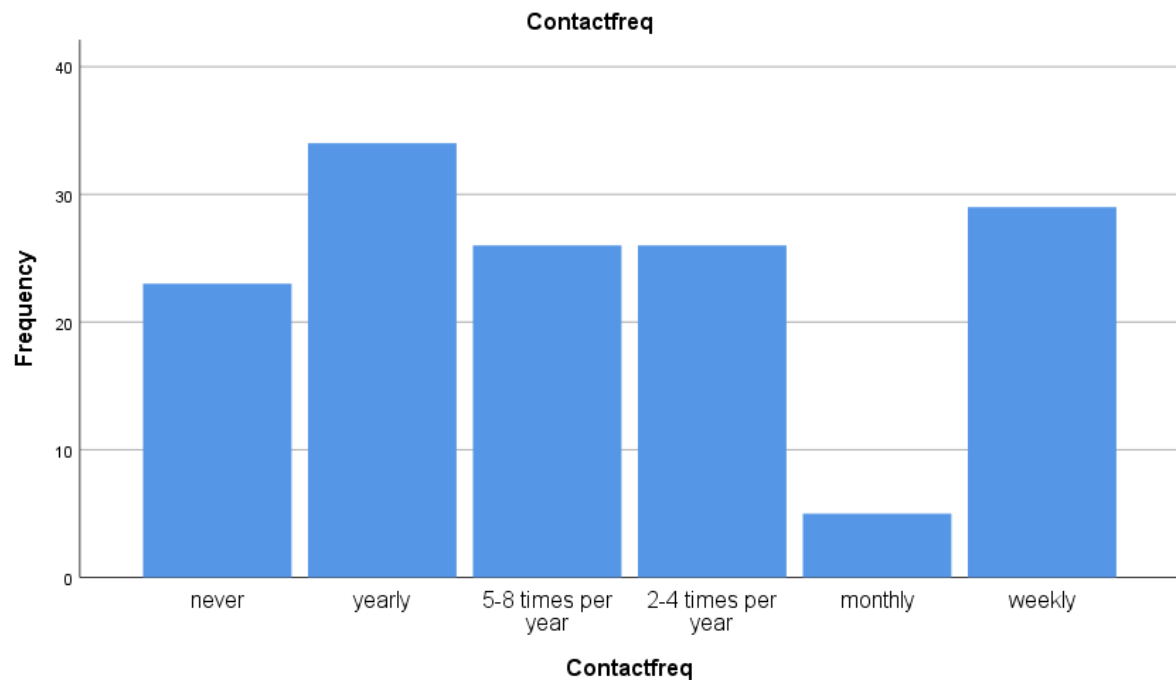


The source of contact is important as this has been linked to a number of outcomes throughout research, including likelihood of reunion, (Fanshel *et al*, 1975), placement stability (Berridge & Cleaver, 1987; Sen & Broadhurst, 2011) and children's ability to form new attachment bonds with future carers (Bowlby, 1982). The majority of children had contact with both their birth parents (24.5%), whilst the least common source of contact was with extended family members (6.3%) as shown in figure 4.6 below.

Figure 4.6 Source of contact

The frequency of contact sessions has been linked to outcomes associated with looked-after children, including reunification (Fanshel & Shinn, 1978), children's self-identity (Berridge & Cleaver, 1987) and the maintenance of attachment bonds (McWey & Mullis, 2004). The majority of the sample reported having annual contact (23.8%) as found in figure 4.7 below.

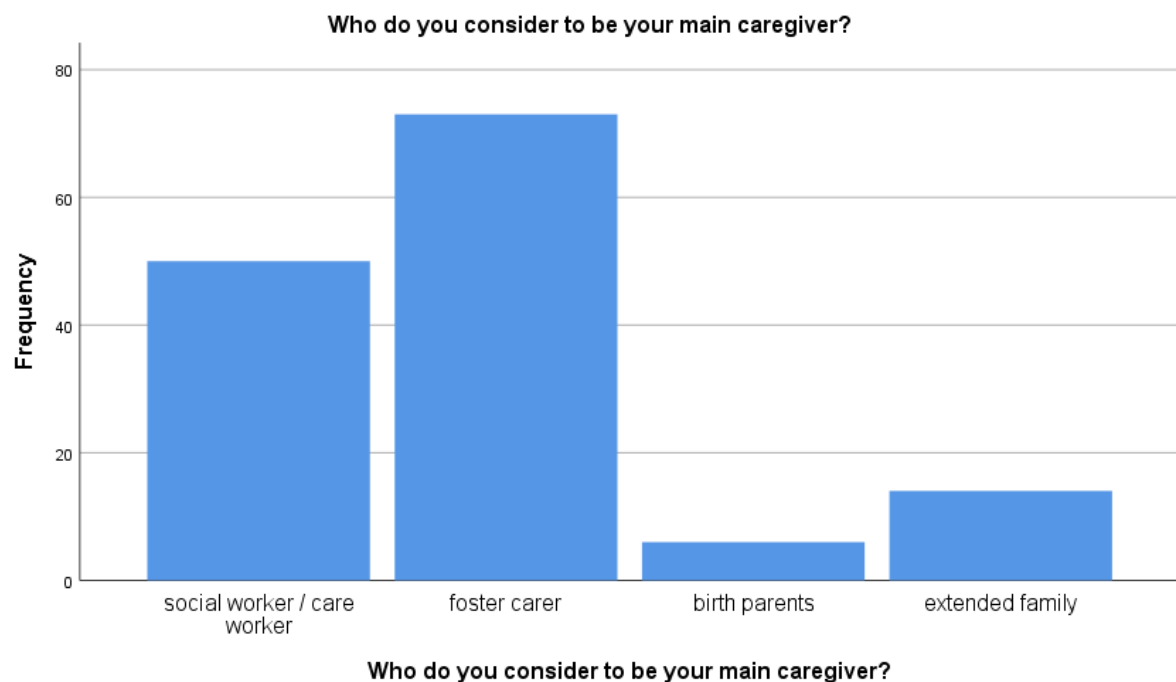
Figure 4.7 Contact frequency



Participants were also asked whether or not they would have liked more contact.

The sample were fairly evenly split in terms of their desire for more contact, however more children felt they did not want more contact than what they currently received (53.8%). In response to whether the children felt they had enough say over decisions about contact, the majority of children felt they did have enough say (65.7%). In response to being asked who they considered their main caregiver was, the distribution of responses are shown in figure 4.8 below, with just over half of the entire sample (51%) identifying foster carers as their main caregiver as shown in figure 4.8 below.

Figure 4.8 Main caregiver



Measures

In order to link the themes from the qualitative analysis with the quantitative survey and attempt was made to match the themes with quantitative measures as shown in Figure 5.0. This was not a straightforward process for a number of reasons. Firstly, many of the themes identified did not have related measures which used the same terminology (e.g. empowerment). However, the argument made above is that the measures chosen do measure the same underlying construct. Secondly, measures needed to be appropriate for the younger children and this involved some negotiation with the ethics committee of TUSLA. Thirdly, in some cases there were no available measures at all and this necessitated the development of measures. Finally, some of the interesting constructs (e.g. stability of placement) could only be measured through demographic questions.

For the latter, children were asked to provide a range of biographical / demographic information including their age, highest educational qualification, who they lived with, who they had contact with, how many times they had moved placement, how

much they were involved in decision making about their future, and who was their main carer, This can be seen in Appendix 1.. This was followed by a range of measures as outlined below. Following advice from the ethical review board, it was important for this study that short and easily understood scales were used. Therefore, the research supervisory team identified and devised items which had face validity. So where possible short versions of the measures were used. When this was not possible, measures were reduced in terms of the number of items. These measures were then subjected to psychometric analysis as outlined in the first section of the results.

Perceptions of Parents Questionnaire (PPQ) (Pasquali *et al*, 2012)

For many decades, parenting styles have been examined and are considered important predictors of child development (Weber, Selig, Bernardi & Salvador, 2006). As these children's main carer may not have been a parent the word parent has been replaced by main carer. The objective of this scale was to evaluate children's perceptions concerning their carer's behaviours and attitudes. To achieve this, only items that could be relevant to carer rather than parent were used. This scale comprises of 14 items, which are rated using a five-point Likert scale ranging from 0 (not applicable) to 4 (totally applicable) e.g. 'Reassures me when I am afraid' 'Always reminds me of things I am not supposed to do'.

Reliability analysis shows that the scale has a Cronbach Alpha of .808 indicating good internal consistency.

Special person in child's life

A 5-item measure to assess the role of a special person in the child's life was developed for the purposes of the research study. Research in the area, and the qualitative phase suggest that an important impact on the child comes from a special person who inspired and supported them. As there is no available measure to assess this factor, a 5-item scale was constructed based the literature and findings from the qualitative analysis, aimed at identifying how much a special person contributed to the children. Each item was rated on a 5-point Likert scale from 'never' to 'always'.

This measure was subjected to psychometric analysis as outlined in the first section of the results.

Participants were asked to consider a special person in their life and then respond in terms of how they had influenced them. Items were: Believed in me, was proud when I succeeded in something, encouraged me to believe in myself, inspired me and tried to spur me on to become the best. The Cronbach Alpha was .74.

Psychological Capital Questionnaire (PCQ) (Luthans *et al*, 2007)

Psychological capital has been defined as an individual's positive psychological state of development and is characterised by hope, resilience, optimism and self-efficacy (Luthans *et al*, 2007). The original Luthans *et al* scale was developed and used in samples of workers and has a strong organisational focus. While the constructs were deemed appropriate for the current sample the measure was not. Previous work (Tsang *et al*, 2014) had developed a 12 item scale which was based on four separate scales, the Children's Hope Scale (Snyder *et al*, 1997), the Generalised Self-efficacy Scale (Schwarzer & Jerusalem, 1995), the Life Orientation Test –revised (Scheier, Carver & Bridges, 1994), and the Brief Resilience Scale (Smith *et al*, 2008). Tsang *et al* (2014) factor analysed these four scales and identified three items for each dimension which had high loadings. These items were used in the current study and the relevant psychometric analysis is shown below. This is a six-item measure which is scored on a six point scale from *none of the time* to *all of the time*. The objective of this scale is to evaluate how perceived psychological capital relates to their overall health and well-being. This scale comprises of 15 items which are rated using a six-point Likert-type scale ranging from 1 (strongly disagree) to 6 (strongly agree) e.g. 'I always look on the bright side of things' 'If something can go wrong for me, it will'.

Cronbach Alphas for the scales were motivation ($\alpha = .70$), self-efficacy ($\alpha = .78$), optimism ($\alpha = .72$), resilience ($\alpha = .77$), and hope ($\alpha = .73$).

Strength and Difficulties Questionnaire (SDQ) (Goodman, 1997)

The questionnaire provides coverage of children and young people's behaviours, emotions and relationships with a focus on 5 relevant dimensions including conduct problems, emotional symptoms, hyperactivity, peer relationships and pro-social behaviour. The scale is comprised of 25 items which are rated by marking the applicable statement 'not true', 'somewhat true' or 'certainly true' e.g. 'Has at least one good friend' 'Many fears, easily scared'. The SDQ has become one of the most widely used brief questionnaires for assessing child mental health problems (Goodman, 2010). It is a brief multidimensional measure of psychological adjustment of children aged 3-16 years. It is freely available as both a self-report and a proxy report questionnaire and has been translated into 60 languages (Van Leeuwen, Meerschaert, Bosmans, De Medts & Braet, 2006). The SDQ assesses positive and negative aspects of child behaviour and is based on the nosology of the diagnostic and statistical manual, 4th edition (American Psychiatric Association [DSM-IV], 2000), the international classification of disease, 10th revision (ICD-10, WHO, 1993) and factor analysis (Goodman, 2001).

The Social Provisions Scale (SPS) (Russell & Cutrona 1987)

Throughout research social support has been found to have an impact on individual's physical health and psychological well-being (Broadhead *et al*, 1983; Uchino, 2006). The objective of this measure is to evaluate both specific social components of social support and the overall level of support available to the child. Six social provisions are assessed using the scale including attachment, social integration, reassurance of worth, reliable alliance, guidance and opportunity for nurturance. The scale is comprised of 18 items which are rated using a 4 point Likert-type scale ranging from 1 (strongly disagree) to 4 (strongly agree) e.g. 'There are people I can depend on to help me if I really need it' 'There is someone I could talk to about important decisions in my life'.

Cronbach Alphas for the individual scales were attachment ($\alpha = .809$), anxious relations ($\alpha = .786$), social integration ($\alpha = .759$), and social support ($\alpha = .748$).

Warwick Edinburgh Mental Well-being Scale – short form (WEMWBS)

(Tennant *et al* 2006)

The World Health Organisation has declared positive mental health to be the ‘foundation for well-being and effective functioning to both the individual and the community’ and is recognised as having major consequences for health and social outcomes (Tennant *et al*, 2006). This scale aims to capture a wide conception of well-being including affective emotional aspects, cognitive evaluation dimensions and psychological functioning. The scale consists of 7 items and is rated using a 5 point Likert scale ranging from 1 (none of the time) to 5 (all of the time).

Examples of items are ‘I’ve been feeling good about myself’, ‘I’ve been feeling relaxed’

The short 7-item scale was developed from the original 14-item scale (Tennant *et al*, 2007). Factor analysis shows a single factor result with a Cronbach Alpha of .89.

Psychometric analysis of measures

The first part of this results section covers some psychometric data on the measures used. The first scale was a measure of perceptions of carers and was concerned with how the child or young person perceived those who were their current carers. The Kaiser-Meyer-Olkin (KMO) test of sampling adequacy produced a score of .71 and Bartlett’s test Sphericity was significant ($\chi^2(15) = 327.58$, $p < .001$) which indicates that the data was suitable for factoring. Principal Component Analysis (PCA) was used with varimax rotation into simple structure. This produced a single factor with an eigenvalue of 3.13 accounting for 52.17% of the variance. Factor loadings are shown in Table 4.1.

Table 4.1: Items and factor loadings for the Perceptions of Carer Scale

Item	Factor loading
I feel rejected by them	.82
I worry that they don't really like me	.82
I feel uncomfortable to be close to them	.76
I find it difficult to depend on them	.69
I trust them	.65
I feel nervous when they became too close with me	.53

Reliability analysis shows that the scale has a Cronbach Alpha of .80 indicating good internal consistency.

The next scale was a Special Person Rating scale which focused on how the child or young person felt about a special person in their life. Following the same procedure as for the previous scale shows a KMO of .61 and a significant Bartlett's Sphericity outcome ($\chi^2(10) = 204.31, p < .001$). Principal Component Analysis (PCA) with varimax rotation into simple structure produced a single factor with an eigenvalue of 2.63 accounting for 52.637% of the variance. Factor loadings are shown in Table 4.2.

Table 4.2: Items and factor loadings for the Special Person Scale

Item	Factor loading
Tried to spur me on to become the best	.83
Encouraged me to believe in myself	.72
Believed in me	.72
Inspired me	.69
Was proud when I succeeded in something	.66

Reliability analysis shows that the scale has a Cronbach Alpha of .74 indicating good internal consistency.

The next scale was a measure of Psychological Capital which incorporates subscales of self-efficacy, optimism, hope, and resilience. Following the same procedure as for the previous scale shows a KMO of .73 and a significant Bartlett's Sphericity outcome ($\chi^2(105) = 723.49, p < .001$). Principal Component Analysis (PCA) with varimax rotation into simple structure produced four factors with eigenvalues of 4.54, 1.90, 1.38, and 1.36, accounting for 68.25% of the variance. Factor loadings are shown in Table 4.3.

*Table 4.3: Items and factor loadings for the Psychological Capital Scale**Items and factor labels*

	Factor loading
Self-efficacy	
I can always manage to solve difficult problems if I try hard enough	.79
I am confident that I could deal well with unexpected events	.77
I know how to handle unforeseen situations	.77
Resilience	
I tend to bounce back quickly after hard times	.91
It does not take me long to recover from a stressful event	.86
It is hard for me to snap back when something bad happens	.53
Optimism	
In uncertain times, I usually expect the best	.80
I'm always optimistic about my future	.80
Overall, I expect more good things to happen to me than bad	.62
Hope	
When I have a problem, I can come up with lots of ways to solve it.	.69
I can think of many ways to get the things in life that are most important to me.	.68
Even when others get discouraged, I know I can find a way to solve the problem.	.66

Cronbach Alphas for the scales were self-efficacy ($\alpha = .78$), optimism ($\alpha = .72$), resilience ($\alpha = .77$), and hope ($\alpha = .73$).

The next scale to be considered was the Social Provisions Scale. Following the same procedure as for the previous scale shows a KMO of .73 and a significant Bartlett's Sphericity outcome ($\chi^2(153) = 1305.66$, $p < .001$). Principal Component Analysis (PCA) with varimax rotation into simple structure produced four factors with eigenvalues of 6.60, 1.86, 1.65, and 1.55 accounting for 62.23% of the variance. Factor loadings are shown in Table 4.4.

Table 4.4: Items and factor loadings for the Social Provisions Scale

Items and Factor labels

There is no one who likes to do the things I do	.69
I feel part of a group of people who share my attitudes and beliefs	.56
Other people value me as a person	.53
Social support	
There is someone I could talk to about important decisions in my life	.88
There is no one I can turn to for guidance in times of stress.	.82
There are people I can depend on to help me if I really need it	.60
There are people I can count on in an emergency	.59

Cronbach Alphas for the individual scales were attachment ($\alpha = .80$), anxious relations ($\alpha = .78$), social integration ($\alpha = .75$), and social support ($\alpha = .74$).

The next scale was the Warwick Edinburgh Mental Well-being Scale – short form (WEMWBS). Following the same procedure as for the previous scale shows a KMO of .81 and a significant Bartlett’s Sphericity outcome ($\chi^2(21) = 447.58, p < .001$). Principal Component Analysis (PCA) with varimax rotation into simple structure produced a single factor with an eigenvalue of 3.71 accounting for 50.00% of the variance. Factor loadings are shown in Table 4.5.

Table 4.5: Items and factor loadings for the Warwick Edinburgh Mental Well-being Scale – short form (WEMWBS)

Item	Factor loading
I’ve been feeling relaxed	.85
I’ve been feeling close to other people	.82
I’ve been feeling useful	.79
I’ve been thinking clearly	.79
I’ve been feeling optimistic about the future	.72
I’ve been dealing with problems well	.62
I’ve been able to make up my own mind about things	.48

Procedure

Having established provisional permission through UU Rec, an ethics application was prepared and submitted to the Child and Family Agency (Tusla) who currently have responsibility for Child and Family services in RoI. The Child and Family Agency is the dedicated State agency responsible for improving well-being and outcomes for children in the RoI. It represents the most comprehensive reform of child protection,

early intervention and family support services ever undertaken in Ireland. Tusla is a relatively new body and this ethics application was one of the first and therefore a test case for them. They had decided to adopt completely the Economic and Research Council (ESRC) guidelines on ethics. The process from start to finish took approximately eighteen months. After this thorough process, this phase of the research was ready to proceed. It was agreed that a Tusla employee would liaise with the researcher and be the person to undertake all communications with the children. The researcher then prepared questionnaire packs which the key contact at Tusla distributed to all care experienced children and young people within a specific region of the RoI. The questionnaire packs included information sheets and consent forms (See Appendix 2), and questionnaires were only deemed appropriate for use if all signed consent forms were returned, otherwise questionnaires were destroyed. A total of 123 usable responses were returned directly to the researcher.

Data analysis

Data was entered into SPSS for analysis. The first stage in the analysis involved psychometric testing of the factor structure and internal reliability of the scales used. This was followed by a series of correlation and multiple regression analyses to explore the relationships in the data and to test the predictors of emotional outcomes for the sample.

Ethical considerations

As described above this phase of the research gained initial ethical approval from UUREC, and then underwent a rigorous ethical scrutiny by Tusla before it could proceed. These are considered a vulnerable group and are generally under a great deal of scrutiny. Hence, they are robustly protected by Health and Social Care authorities. One could argue that this has to some extent created the situation described in the introduction whereby policy and practice is based on professional opinion rather than empirical evidence. It is important that identities are protected, and this was done by using a liaison person so that the researcher had no direct contact and did not know the identity of any participant. No names or identifying

information were provided on questionnaires and signed consent forms were separated from questionnaires and held in Tusla offices. Efforts were made to ensure that all questions were suitable for the age group.

4.3 Results

Analysis of the data

The next section moves on to cover the descriptive and inferential statistical analysis of the data. Informed by results from the qualitative phase, the survey explored key relationships in the child's life. A key theme from the qualitative data was around empowerment / disempowerment and more specifically concerning lack of involvement in decision-making in regard to contact with birth family. In the survey participants were asked if they felt they had enough say over decisions about contact and while 65.7% of participants felt they had enough say, 34.3% said they did not. Using this variable an independent t-test was conducted to explore differences as shown in Table 4.6.

Table 4.6 Means and standard deviations by satisfaction with decision-making involvement

	Not enough say in decisions about contact		Enough say in decisions about contact	
	Mean	Std. deviation	Mean	Std. deviation
Age	14.29	3.68	14.30	3.19
Time in placement	3.80	2.42	4.85	4.03
Placement instability	3.53	1.56	2.85	1.37
Time in care	8.18	3.59	8.37	4.41
Contact frequency	3.88	1.64	3.00	1.69
Carer attachment	22.69	3.20	22.83	4.15
Support person	22.59	2.46	23.32	2.59
Self-efficacy	9.79	2.77	9.84	3.44
Resilience	10.24	3.58	10.29	3.15
Hope	8.96	2.68	9.37	2.53
Engagement	10.67	2.77	12.12	2.62
Optimism	10.39	3.33	11.89	2.87

Psychological Capital	50.06	10.80	53.52	9.06
Emotional problems	3.82	2.71	3.36	2.63
Conduct problems	5.24	1.95	3.69	2.61
Hyperactivity	6.22	1.33	5.31	3.05
Peer problems	4.26	2.19	1.76	1.57
Prosocial behaviour	7.65	2.42	8.08	1.94
Total difficulties	19.55	4.24	14.13	7.93
Well-being	23.49	6.01	28.69	3.83
Social connectedness	8.31	2.28	9.94	2.17
Anxious relations	13.57	4.19	15.77	2.98
Attachment	10.89	1.46	12.79	2.49
Social Capital	81.12	7.67	87.54	9.19
Care Experience	18.16	3.51	15.64	3.52

Significant main effects were observed on placement instability ($t(141)=3.02$, $p=.003$), frequency of contact ($t(141)=2.97$, $p=.003$), life engagement ($t(141)=3.06$, $p=.003$), optimism ($t(141)=2.81$, $p=.006$), overall psychological capital ($t(141)=2.02$, $p=.045$), conduct problems ($t(141)=3.66$, $p=.001$), hyperactivity ($t(141)=2.00$, $p=.047$), peer problems ($t(141)=7.83$, $p=.001$), total difficulties ($t(141)=4.46$, $p=.001$), mental well-being ($t(141)=6.30$, $p=.001$), secure attachment ($t(141)=4.88$, $p=.001$), and social capital ($t(141)=4.18$, $p=.001$). Those who felt they did not have sufficient decision-making say experienced more placement instability, more frequent contact, were less engaged, less optimistic, had lower psychological capital, exhibited higher levels of conduct problems, hyperactivity and peer problems, reported lower mental well-being, less secure attachment and lower levels of social capital compared to those who felt they had sufficient say in decision-making processes.

Related to involvement in decisions about contact is the question of whether participants would like more contact. On this question 53.8% participants said no they would not like more contact than they currently receive while 46.2% said yes. Again, this variable was used as an independent variable in an independent samples t-test as shown in Table 4.7

Table 4.7 Means and standard deviations by desire for more contact

	No desire for more contact		Desire more contact	
	Mean	Std. Deviation	Mean	Std. Deviation
Age	14.79	3.57	13.71	3.00
Time in placement	5.19	4.09	3.67	2.69
Placement stability	3.14	1.48	3.02	1.46
Time in care	8.65	4.40	7.91	3.81
Contact frequency	3.62	1.78	2.92	1.58
Carer attachment	24.21	1.64	21.12	4.89
Support person	23.03	2.98	23.12	1.99
Self-efficacy	10.62	3.10	8.89	3.11
Resilience	9.39	3.49	11.32	2.73
Hope	9.40	2.53	9.03	2.65
Engagement	11.88	2.62	11.32	2.88
Optimism	12.00	2.33	10.65	3.71
Psychological Capital	53.30	9.76	51.21	9.79
Emotional problems	2.95	1.79	4.18	3.29
Conduct problems	3.86	2.44	4.65	2.54
Hyperactivity	5.57	2.89	5.68	2.29
Peer problems	1.74	1.44	3.65	2.41
Prosocial behaviour	8.17	1.96	7.67	2.28
Total difficulties	14.12	5.77	18.17	8.35
Well-being	27.14	4.98	26.64	5.65

Social connectedness	9.74	2.28	8.95	2.34
Anxious relations	13.34	2.49	16.47	4.03
Attachment	12.55	1.92	11.67	2.73
Social Capital	88.21	7.02	82.00	10.30
Care Experience	17.42	3.77	15.44	3.35

Significant main effects were observed on frequency of contact ($t(141)=2.46$, $p=.015$), attachment to carer ($t(141)=5.21$, $p=.001$), self-efficacy ($t(141)=3.31$, $p=.001$), resilience ($t(141)=3.63$, $p=.001$), optimism ($t(141)=2.64$, $p=.009$), emotional problems ($t(141)=2.83$, $p=.005$), peer problems ($t(141)=5.85$, $p=.001$), total difficulties ($t(141)=3.41$, $p=.001$), social connectedness ($t(141)=2.02$, $p=.045$), anxious relations ($t(141)=5.18$, $p=.001$), secure attachment ($t(141)=2.24$, $p=.026$), and social capital ($t(141)=4.26$, $p=.001$). Those who desired more contact experienced less frequent contact, were less attached to their carer, reported lower self-efficacy, higher resilience, were less optimistic, exhibited higher levels of emotional problems, and peer problems, more total difficulties, more anxious relations, less secure attachment and lower levels of social capital compared to those who did not.

For completeness independent t-tests were carried out with sex as the independent variable as shown in Table 4.8

Table 4.8 Means and standard deviations by sex

	Female		Male	
	Mean	Std. Deviation	Mean	Std. Deviation
Age	14.86	3.76	13.64	2.68
Time in placement	4.60	3.43	4.36	3.78
Placement stability	3.00	1.49	3.18	1.46
Time in care	8.34	4.22	8.27	4.08
Contact frequency	3.16	1.68	3.47	1.76
Carer attachment	21.99	4.40	23.71	2.82
Support person	23.08	2.50	23.06	2.65
Self-efficacy	9.86	3.35	9.79	3.07
Resilience	9.78	3.57	10.86	2.85
Hope	9.05	2.83	9.44	2.27
Engagement	11.40	2.77	11.88	2.72
Optimism	11.21	3.34	11.58	2.82
Psychological Capital	51.30	10.25	53.55	9.15
Emotional problems	4.30	2.98	2.61	1.85
Conduct problems	4.19	2.82	4.26	2.11
Hyperactivity	5.58	2.60	5.67	2.65
Peer problems	2.86	2.25	2.35	2.04
Prosocial behaviour	7.82	2.16	8.08	2.08
Total difficulties	16.94	8.44	14.88	5.67
Well-being	27.14	5.18	26.64	5.43
Social connectedness	8.95	2.65	9.88	1.80
Anxious relations	14.65	3.78	15.44	3.31
Sense of support	18.00	2.21	17.94	2.29
Attachment	12.09	2.58	12.20	2.11
Social Capital	84.10	10.30	86.79	7.53
Care Experience	16.31	3.59	16.73	3.84

Main effects were observed for age ($t(141)=2.20$, $p=.029$); females were older on average than males in the sample. There were also main effects on carer attachment ($t(141)=2.73$, $p=.007$), resilience ($t(141)=1.98$, $p=.049$), emotional problems ($t(141)=3.99$, $p=.001$), and social connectedness ($t(141)=2.41$, $p=.017$). Males exhibited more attachment to their carer, more resilience, less emotional problems, and more social connectedness.

Another variable which might impact on the variables measured is education and to explore this a one-way Analysis of Variance (Anova) was used to test for differences across education levels. There were only 4.6% of the sample in tertiary education but there is nothing to be said here as there were only 16 participants old enough to have reached this level.

Table 4.9 Means and standard deviations by educational status

	Primary N=82		Lower secondary N=37		Higher secondary N=17		Tertiary N=7	
	Mean	SD	Mean	SD	Mean	SD	Mean	SD
Age	4.01	3.17	4.70	3.41	6.41	4.47	4.29	5.68
Time in placement	2.94	1.28	2.84	1.30	3.59	1.87	4.86	2.17
Placement stability	7.46	3.34	7.81	3.66	11.18	5.19	13.86	5.58
Time in care	3.10	1.58	3.95	1.67	3.00	1.90	3.00	2.52
Contact frequency	22.62	4.32	23.65	2.91	22.76	2.17	20.14	4.59
Carer attachment	22.89	2.35	23.41	2.70	23.59	2.59	22.14	4.02
Support person	9.68	3.31	10.03	3.40	9.71	2.97	10.71	1.38
Self-efficacy	10.35	3.26	10.59	3.07	8.94	3.36	11.00	4.51
Resilience	9.23	2.49	9.38	2.49	8.12	3.04	11.14	1.95
Hope	11.60	2.93	11.95	2.57	11.18	2.48	11.29	2.29
Engagement	11.32	3.00	11.19	3.19	11.76	3.34	12.14	3.85
Optimism	52.18	9.55	53.14	10.26	49.71	10.24	56.29	9.16
Psychological Capital	3.29	2.72	3.19	2.16	4.29	2.64	6.00	3.21
Emotional problems	4.44	2.60	3.76	2.43	3.82	2.38	5.14	1.95

Conduct problems	5.84	2.72	5.49	2.68	5.00	2.32	5.29	1.79
Hyperactivity	2.78	2.14	2.19	2.08	2.53	2.32	3.29	2.56
Peer problems	7.56	2.27	8.32	1.89	8.82	1.55	8.14	1.95
Prosocial behaviour	16.35	7.40	14.62	7.13	15.65	7.73	19.71	6.37
Total difficulties	26.67	5.36	27.73	4.52	26.41	5.74	26.57	7.55
Well-being	9.13	2.57	10.00	1.86	9.24	2.19	9.29	1.79
Social connectedness	14.82	3.69	15.30	3.57	15.41	3.78	14.86	2.12
Anxious relations	18.05	2.31	18.35	2.15	17.53	1.66	16.14	2.48
Sense of support	12.30	2.12	12.54	1.94	11.53	3.61	9.57	2.07
Attachment	85.00	9.54	87.95	8.72	84.65	7.04	77.29	7.91

The next stage in the inferential statistical analysis used Pearson's bivariate correlation analysis to test for relationships between mental well-being, the dimensions of strengths and difficulties, and the measures of attachment, support relationships and psychological capital as shown in Table 4.10.

Table 4.10 Pearson correlations with mental well-being, and strengths and difficulty scores

	Well-being	Emotional problems	Conduct problems	Hyperactivity	Peer problems	Prosocial behaviour	Total difficulties
Age	-.14	.16*	.10	-.12	.04	.03	.06
Time in placement	.13	-.13	-.16	-.07	-.26**	.03	-.21*
Placement instability	-.31**	.12	.14	-.09	.24**	.04	.13
Time in care	.00	.10	.16*	.04	-.04	.04	.09
Contact frequency	-.04	-.15	.05	.18*	.09	.15	.05
Carer attachment	.23**	-.76**	-.46**	-.21*	-.45**	.23**	-.64**
Support person	.23**	-.00	-.33**	.08	-.10	.28**	-.11
Self-efficacy	.37**	-.32**	-.06	-.07	-.20*	.28**	-.22**
Resilience	.56**	-.15	.08	.12	-.16	.04	-.03
Hope	.19*	-.10	.06	.06	-.11	.16*	-.02
Engagement	.49**	-.28**	-.07	-.27**	-.40**	.17*	-.34**
Optimism	.45**	-.24**	-.11	-.12	-.30**	.31**	-.26**
Psychological Capital	.64**	-.34**	-.03	-.08	-.36**	.30**	-.27**

Social connectedness	.65**	-.55**	-.52**	-.20*	-.54**	.34**	-.61**
Anxious relations	.41**	-.46**	-.22**	-.21**	-.73**	.12	-.53**
Sense of support	.55**	-.22**	-.15	-.04	-.54**	.28**	-.30**
Attachment	.27**	-.41**	-.52**	-.35**	-.47**	.15	-.59**

* P<.05 ** P<.01 *** P<.001

Well-being and empowerment/disempowerment

Based on the qualitative phase of the research and existing literature, three key areas relevant to the well-being and adjustment of young people in care were identified; experiences of contact with birth parents, empowerment / disempowerment; and attachment to key individuals. To test this in the quantitative data a hierarchical multiple regression analysis (HMRA) was used with well-being as the dependent variable (see Table 5.10). On the first step age, sex and educational status were entered and accounted for 2.2% of the variance in well-being but this was not significant statistically. On the second step time in current placement, number of placement moves, length of time in care, contact frequency, desire for more frequency, current placement, and say in decisions about contact were entered. Between them they accounted for an additional 27.3% of the variance in well-being and the model was statistically significant ($p<.001$). However, the only individual variable that produced a statistically significant beta value was say in decision making about contact ($\beta=.46$, $p<.001$).

On the next step attachment to current carer and perceived support from a special person were added and accounted for an additional 12.7% of the variance in well-being and was statistically significant ($p<.001$). This time it was just attachment to carer which

produced a statistically significant beta value ($\beta = .41, p < .001$). However, on this step a number of other variables that were not statistically significant on the previous step produced significant beta values. These were age ($\beta = -.29, p = .02$), number of placement moves ($\beta = -.24, p = .01$), length of time in care ($\beta = .29, p = .012$), desire for more contact ($\beta = .24, p = .004$), and current placement ($\beta = .15, p = .038$). At this stage higher levels of well-being were associated with more say in decisions about contact, being younger, having fewer placement moves, being longer in care, not desiring more contact, and not currently placed in institutional care. The change in significance is known as a suppressor effect and is caused by the fact that these variables are correlated with the variables entered at the latter stage. Checking for collinearity shows that the highest correlation between any of these variables is between time in placement and time in care ($r = .58$) indicating that collinearity is not a problem as all correlations are less than .8. The most parsimonious interpretation in this case is that age, number of placement moves, length of time in care, desire for more contact, and current placement all share some common variance with secure attachment.

On the next step social connectedness, anxious relationships, secure attachment, and sense of support were added and accounted for an additional 23% of the variance in well-being ($p < .001$). Social connectedness ($\beta = .48, p < .001$), anxious relations ($\beta = .17, p = .034$), and secure attachment ($\beta = .24, p = .004$) produced significant beta values. On the final step, resilience, self-efficacy, life engagement, hope and optimism were entered and between them added 16% to the explained variance in well-being ($p < .001$).

Self-efficacy ($\beta = .14$, $p = .02$), and resilience ($\beta = .39$, $p < .001$) produced significant beta values. Altogether the model accounts for 77.7% of the variance in well-being ($p < .001$). In the final analysis it appears that well-being is best predicted by having a say in decisions about contact, feeling socially connected, having secure attachment, and having a strong sense of self-efficacy and resilience.

Table 4.11 Predictors of well-being from hierarchical multiple regression analysis

	B	SE B	β	p
Step 1: $R^2 = .022$, $f(3,130)=0.987$, $p=.401$				
Age	-.35	.22	-.21	.11
Sex	.59	.93	.05	.52
Step 2: $\Delta R^2 = .273$, $f(7,123)=6.798$, $p < .001$				
Age	-.43	.22	-.25	.05
Sex	.53	.86	.05	.53
Time in current placement	.01	.15	.00	.93
Placement moves	-.53	.33	-.16	.10
Time in care	.20	.14	.16	.17
Contact frequency	-.21	.27	-.06	.43
Desire for more contact	.95	.88	.09	.28
Current placement	1.09	.62	.14	.08
Say in decisions over contact	5.16	.95	.46	.00
Step 3: $\Delta R^2 = .127$, $f(2,121)=13.233$, $p < .001$				
Age	-.49	.20	-.29	.02
Sex	1.43	.81	.13	.08
Time in current placement	-.16	.14	-.11	.26
Placement moves	-.81	.31	-.24	.01
Time in care	.35	.13	.29	.01
Contact frequency	-.08	.25	-.02	.73

Desire for more contact	2.62	.88	.24	.00
Current placement	1.20	.57	.15	.03
Say in decisions over contact	5.24	.88	.46	.00
Carer attachment	.56	.11	.41	.00
Support from special person	.02	.16	.01	.87

Step 4: $\Delta R^2=.230$. $f(2,117)=19.361, p<.001$

Age	-.16	.17	-.10	.33
Sex	1.77	.66	.16	.00
Time in current placement	-.09	.11	-.06	.40
Placement moves	-.34	.25	-.10	.18
Time in care	.04	.11	.03	.72
Contact frequency	-.36	.21	-.11	.08
Desire for more contact	2.69	.73	.25	.00
Current placement	.63	.46	.08	.17
Say in decisions over contact	3.04	.88	.27	.00
Carer attachment	.02	.12	.01	.85
Support from special person	-.05	.13	-.02	.69
Social connectedness	1.11	.18	.48	.00
Anxious relations	.25	.12	.17	.03
Sense of support	.57	.19	.24	.00
Attachment	-.33	.17	-.15	.06

Step 5: $\Delta R^2=.160$. $f(5,112)=19.050, p<.001$

Age	-.13	.13	-.07	.33
Sex	2.26	.51	.21	.00
Time in current placement	-.13	.09	-.09	.13
Placement moves	-.09	.19	-.02	.62
Time in care	-.20	.09	-.16	.03
Contact frequency	-.33	.16	-.10	.04
Desire for more contact	.51	.64	.04	.42
Current placement	.46	.36	.06	.20
Say in decisions over contact	3.77	.68	.33	.00
Carer attachment	-.06	.09	-.04	.50

Support from special person	.07	.10	.03	.46
Social connectedness	.91	.14	.39	.00
Anxious relations	.08	.09	.05	.37
Sense of support	.14	.17	.06	.40
Attachment	.13	.22	.12	.03
Self efficacy	.22	.09	.14	.02
Resilience	.63	.10	.39	.00
Hope	-.11	.09	-.05	.22
Engagement	.17	.11	.09	.11
Optimism	.18	.09	.10	.06

Total $R^2=.77.7$, $p<.001$

The next stage in analysis was to test the relationships with the dimensions of the Strengths and Difficulties Questionnaire. First was total difficulties which is the sum of emotional problems, conduct problems, hyperactivity and peer problems. To test this a hierarchical multiple regression analysis (HMRA) was used with total difficulties as the dependent variable (see Table 5.11). On the first step age, sex and educational status were entered and accounted for 8.6% of the variance in well-being and this was significant statistically ($p=.002$). On the second step, time in current placement, number of placement moves, length of time in care, contact frequency, desire for more frequency, current placement, and say in decisions about contact were entered. Between them they accounted for an additional 13.9% of the variance in total difficulties and the model was statistically significant ($p<.001$). The individual variables which produced statistically significant beta values were, length of time in care ($\beta=.39$, $p=.002$), length of time in current placement ($\beta=-.32$, $p=.003$), desire for more contact ($\beta=.18$, $p=.034$), and say in decision making about contact ($\beta=-.27$, $p=.002$).

On the next step attachment to current carer and perceived support from a special person were added and accounted for an additional 44.4% of the variance in total difficulties and was statistically significant ($p < .001$). This time it was attachment to carer ($\beta = -.293$, $p < .001$) and say in decision-making ($\beta = -.68$, $p < .001$) which produced a statistically significant beta values.

On the next step social connectedness, anxious relationships, secure attachment, and sense of support were added and accounted for an additional 6.3% of the variance in total difficulties ($p < .001$). Social connectedness ($\beta = -.33$, $p < .001$), sense of support ($\beta = -.188$, $p = .009$), and secure attachment ($\beta = -.41$, $p < .001$) produced significant beta values.

On the final step, resilience, self-efficacy, life engagement, hope and optimism were entered and between them added 2.9% to the explained variance in total difficulties ($p < .001$). Life engagement ($\beta = -.22$, $p < .001$), and resilience ($\beta = -.15$, $p = .029$) produced significant beta values. Altogether the model accounts for 72.9% of the variance in well-being ($p < .001$).

In the final analysis it appears that total difficulties are best predicted by not having a say in decisions about contact, not feeling socially connected, not having secure attachment, not feeling attachment to current care-giver, not feeling supported, and lacking a sense of life engagement and resilience.

Table 4.12 Predictors of total difficulties from hierarchical multiple regression analysis

	B	SE B	β	p
Step 1: $R^2 = .086$, $f(3,130)=5.178$, $p=.002$				
Age	.31	.31	.13	.32
Sex	1.70	1.31	.11	.19
Step 2: $\Delta R^2=.139$. $f(7,123)=3.231$, $p<.001$				
Age	-.12	.32	-.05	.69
Sex	1.60	1.23	.10	.19
Time in current placement	-.66	.22	-.32	.00
Placement moves	-.41	.47	-.08	.38
Time in care	.67	.20	.39	.00
Contact frequency	.07	.39	.01	.84
Desire for more contact	2.70	1.26	.18	.03
Current placement	.84	.89	.07	.34
Say in decisions over contact	-4.32	1.36	-.27	.00
Step 3: $\Delta R^2=.444$. $f(2,121)=86.488$, $p<.001$				
Age	.03	.24	.01	.89
Sex	-.44	.95	-.03	.64
Time in current placement	-.26	.17	-.12	.13
Placement moves	.23	.36	.05	.52
Time in care	.30	.16	.18	.06
Contact frequency	-.21	.29	-.04	.47
Desire for more contact	-1.11	1.03	-.07	.28
Current placement	.61	.67	.05	.36
Say in decisions over contact	-4.57	1.03	-.29	.00
Carer attachment	-1.28	.13	-.68	.00
Support from special person	.05	.19	.01	.78
Step 4: $\Delta R^2=.063$. $f(2,117)=7.480$, $p<.001$				
Age	-.18	.20	-.07	.38
Sex	-.32	.79	-.02	.68
Time in current placement	-.18	.14	-.09	.18

Placement moves	.30	.31	.06	.33
Time in care	.22	.14	.13	.11
Contact frequency	-.23	.25	-.05	.35
Desire for more contact	.07	.87	.00	.93
Current placement	.16	.56	.01	.76
Say in decisions over contact	-1.19	1.06	-.07	.26
Carer attachment	-.59	.14	-.31	.00
Support from special person	.21	.16	.06	.18
Social connectedness	-1.06	.21	-.33	.00
Anxious relations	-.24	.14	-.12	.09
Sense of support	.62	.23	-.18	.00
Attachment	-1.28	.21	-.41	.00

Step 5: $\Delta R^2 = .029$, $f(5,112) = 3.026$, $p = .013$

Age	-.12	.20	-.05	.53
Sex	-.54	.79	-.03	.49
Time in current placement	-.27	.13	-.13	.04
Placement moves	.31	.30	.06	.30
Time in care	.20	.14	.12	.14
Contact frequency	-.05	.25	-.01	.81
Desire for more contact	-.73	.98	-.05	.45
Current placement	.41	.55	.03	.46
Say in decisions over contact	-.59	1.04	-.03	.56
Carer attachment	-.67	.14	-.36	.00
Support from special person	.22	.16	.07	.17
Social connectedness	-1.08	.21	-.33	.00
Anxious relations	-.19	.14	-.09	.18
Sense of support	.54	.26	.16	.04
Attachment	-1.13	.21	-.36	.00
Self efficacy	.22	.14	.09	.13
Resilience	.33	.15	-.15	.02
Hope	-.12	.14	-.04	.40
Engagement	-.61	.17	-.22	.00

Optimism	-.03	.14	-.01	.82
Total R ² =.72.9, p<.001				

4.4 Discussion

Informed by results of an initial qualitative phase, the aim of the current phase of the research was to explore the role of attachment and gain insight through a quantitative survey with looked after children, into the psychosocial factors which have an impact, not only on the overall experience of contact, but also on the health and well-being of looked after children. This phase of the research also explored children's attachment and emotional and behavioural health in relation to contact. The survey explored the psychosocial factors which have an impact, not only on the overall experience of contact, but also on the health and well-being of looked-after children. This phase involved a series of statistical analyses using data collected from a sample of 143 looked-after children. The main purpose of these analyses was to examine the relationship between birth family contact factors and the outcomes for children in care.

The overall findings support the proposed contact model developed by findings from the initial exploratory qualitative study. The model identifies pre-care attachment relationships with birth parents as a pre-determining factor which influences the overall experience of contact and children's well-being. Children's attachment relationships also determine whether they gain a sense of empowerment or disempowerment through their contact and care experience. The pre-care attachment bond and experience of contact can then impact young people's overall well-being. A secure attachment with a key individual can act as a mediating factor, enhancing children's overall well-being,

Children & Young People's Involvement in Decision Making Processes

In the current phase of the research, participants were asked if they felt they had enough say over decisions about contact and while 65/7% of participants felt they had enough say, 34.3% said they did not. These results are concerning, however not surprising as a key theme from the qualitative data was around empowerment / disempowerment experienced by children in care. Specifically, all participants in the

qualitative phase experienced disempowerment concerning lack of involvement and say in decision making in regard to contact with birth family. Although contact has been identified as one of the most important areas for children and young people in care (VOYPIC, 2014; Timms & Thoburn, 2006), young people still feel they should have greater influence over decision making (Morgan, 2012). These findings are troubling, due to the significant impact contact can have on children's emotional and behavioural well-being (Sen & Broadhurst, 2011; Sinclair *et al*, 2005), therefore it is crucial that children and young people have an input into such processes. Findings from the qualitative phase revealed that the only opportunity young people felt they had to express their views in relation to contact was during Looked-after children's Review's. However, the experience during reviews was described as uncomfortable and in some cases intimidating. Although policy and procedure identify the views of the child at the forefront of decisions, children and young people's views and feelings are not paramount and rather it is their welfare and safety which takes precedence.

Buchanan (1995) conducted a study which aimed to educate and inform 45 young people who were currently being looked-after by local authorities across regions of England on policy procedures. Results from the study revealed that the majority of young people felt they were restricted in expressing what they felt due to the intimidating nature of looked-after children's reviews and fear of hurting people's feelings such as case workers or birth parents. Those in the study who felt empowered to express their views felt this was attributed to the support they received from carers. These findings correlate with the current literature and findings from the initial qualitative phase, in that children and young people feel they need more say when it comes to decision making surrounding contact.

Analysis from the current phase revealed that those children and young people who felt they did not have sufficient decision-making say also experienced more

placement instability, more frequent contact, were less engaged, less optimistic, had lower psychological capital, exhibited higher levels of conduct problems, hyperactivity and peer problems, reported lower mental well-being, less secure attachment and lower levels of social capital. A secure attachment with a key person could then act as mediating factor which functions to enhance a sense of empowerment in young people's lives. Young people in care who feel supported, often feel more empowered and prepared to take control of their lives (Leeson, 2007). However, as for many children in care, the support and love needed to thrive from a key person in the child's life is often absent (Dickson *et al*, 2009). By using a model of attachment and support, Luke & Coyne (2008) explored the ways in which foster parents influenced the self-esteem of a sample of care experienced adults through the use of in-depth interviews. Findings showed that participants recalled more accounts of feeling unsupported and a lack of attachment bonds to significant individuals than times when they felt supported and/or loved. For some participants this resulted in severe long-term self-esteem issues, impacting the ability to develop secure and meaningful future relationships. Therefore, a secure attachment bond with a key individual could influence children and young people's sense of empowerment/disempowerment which could then influence how they experience contact and have a significant impact on their overall well-being.

Children's Desire for more Contact

Related to involvement in decisions about contact, the question of whether participants would like more contact was asked. On this question 53.8% of participants said yes while 46.2% said no. These findings are surprising as research suggests that children and young people often desire more frequent contact with birth family members and often feel dissatisfied with the amount they experience (Ofsted, 2009). The frequency of contact sessions has been linked to outcomes associated with looked-after children, including reunification (Fanshel & Shinn, 1978), children's self-identity (Berridge & Cleaver, 1987) and the maintenance of attachment bonds (McWey & Mullis, 2004). The frequency of contact will

fundamentally be based on the decision as to whether the child is planned to be returned home to their birth parents or not, therefore when reunion is the ultimate goal it is recommended that frequent sessions are organised (Taplin & Mattick, 2014). However, the literature has highlighted debates concerning the appropriateness of how decisions are made regarding important aspects of contact including the frequency, duration and location of contact (Taplin, 2005). Lucey *et al* (2003) found that decisions regarding these aspects of contact lack good psychological determinants beyond the inclusion of children's age and developmental status.

Results from the qualitative phase also identified that the function of such decisions were often not communicated or explained to the young people effectively enough, resulting in children often desiring different types of contact and varied aspects than that which were implemented. A number of young people in the qualitative phase felt they were not included in the organisational processes of contact sessions, including issues such as the location of contact, the intended purpose, the frequency or duration of contact sessions. However, all young people were directly affected by the experience of contact, which induced highly emotive responses highlighting the importance of the inclusion of young people in important decision-making processes surrounding contact.

Policy decrees that local authority have a responsibility to promote and facilitate the maintenance of contact with birth parents and other key individuals in the child's life unless this poses a threat to the child's safety. Practitioners then have a responsibility to promote preserving links between looked-after children and birth parents through contact. However, 66 participants in the current study stated that they would like more contact if asked, whilst 77 reported no. These findings suggest that although contact is always encouraged when safe by practitioners, it is not always desired. In the qualitative study the purpose of contact was identified as a

significant theme, based on desired long-term outcomes for each individual young person. Some young people had a much stronger desire to maintain continued contact with birth parents expressed by their requests for more frequent sessions. This was the case with young people whose ultimate goal was to build or maintain a strong long-term relationship with their birth parents, or in most cases be reunited with them.

Literature has often cited children's desire for maintaining contact with biological family members (Biehal & Wade, 1996; Ofsted, 2009). However, for some children and young people in care, reunion is not always the desired outcome and therefore contact serves no real purpose for them. For example, findings from the qualitative study showed that some young people decided contact was more damaging than beneficial due to exposure to further maltreatment and therefore chose to suspend or end sessions altogether. With no therapeutic intervention and when reunion was not the ultimate goal, contact seemed to serve no purpose other than to maintain links with birth parents which were already weak or potentially harmful.

For some young people in the qualitative study who were in long-term foster placements, the maintenance of contact often induced emotional distress as sessions lacked focus in resolving issues or developing a strong relationship between child and parent. The purpose of contact for children in short-term placements would be substantially different as would the characteristics of the children themselves in comparison to those who are not likely to be returned to birth parents. For those children in short-term placements, contact should be utilised as a tool to help maintain important links and rebuild relationships. However, for those in long-term placement when reunion is not an option, the purpose and arrangement of contact must be carefully considered to avoid exposure to further upset, abuse or neglect (Boyle, 2017). Findings here highlight the importance of including the views of young people in contact organisational processes. The perceived purpose of contact

is fundamentally guided to encourage and enable reunion (Department of Education, 2005), with decisions being primarily made by professionals. However, depending on the desired outcome of contact, it may not always be beneficial (Mennen & O'Keefe, 2005; Morrison *et al*, 2011; Moyers *et al*, 2006; Neil, Beek & Schofield, 2003) or even desired.

Findings in the current phase also found those who desired more contact experienced less frequent contact, were less attached to their carer, reported lower self-efficacy, higher resilience, were less optimistic, exhibited higher levels of emotional problems, and peer problems, more total difficulties, more anxious relations, less secure attachment and lower levels of social capital. These results are not surprising when interpreted using the proposed contact model. As previously mentioned, it is important to understand the impact of pre-care attachment relationships when understanding the complexity and when making decisions regarding contact. For example, children in care who are more likely to be reunited with birth parents, are also more likely to have better behaviour and stronger attachments as they tend to be from less abusive and dysfunctional environments and therefore have more contact (Hashim, 2009).

In line with the current findings, children who experience less contact tend to be characterised by backgrounds of more extreme maltreatment. Regardless of background, commonly young people will express a desire for continued contact, being unaware of the detrimental emotional impact of continued contact with birth parents, particularly for those who have experienced more extreme levels of maltreatment (Mennen & O'Keefe, 2005; Morrison *et al*, 2011; Moyers *et al*, 2006; Neil, Beek & Schofield, 2003). Those children who have experienced abuse and/or neglect tend to identify their primary care-givers as unavailable or associate that person with the onset of anxiety and distress (Howe, 2005). Consequently, the exposure of abuse and/or neglect in childhood can result in developmental issues relating to the formation and maintenance of interpersonal relationships later in life (Sroufe *et al*.

1999; Frederick & Goddard, 2008). However, more recent research has also suggested that children can form multiple attachments including new attachments with key people in the child's life such as foster carers and adoptive parents (Kelly & Lamb, 2003; Stovall-McClough & Dozier, 2004). Children in care who have experienced maltreatment in some form including abuse or neglect are more likely to exhibit emotional and behavioural issues (Quinton & Murray, 2002), with persistent neglect being correlated to neurodevelopmental difficulties, cognitive ability, educational performance, emotional dysfunction, belief in self-efficacy, insecure attachments and impaired social competences (Turney & Tanner, 2003).

Maltreatment can also impact children's resilience, involving their ability to use personal resources such as optimism to cope with such stressors (Ungar, 2005). So, without training and support, often foster carers struggle to cope with the challenges of caring for children and young people with a history of maltreatment (Scott, D, O'Neill, C, & Minge, 2005). This is important as an attachment relationship with a foster carer has been associated with many advantages including a sense of belonging (Rogers, 2016), more peer support (Goffman, 1963; Rogers, 2016), and more practical and emotional support with contact (Scott, D, O'Neill, C, & Minge, 2005). Therefore, looked-after children with a history of severe maltreatment are more likely to experience less contact due to high risk and are also more likely to have attachment issues. In turn this can result in development issues impacting their emotional and behavioural health, and present challenges for foster carers to cope with. The severity of maltreatment and pre-care attachment bonds can then be indicators of children's level of contact as well as their overall adjustment (Mennen & O'Keefe, 2005)

Children's Mental Well-being and Strength and Difficulties

Relationships between mental well-being, the dimensions of strengths and difficulties, and the measures of attachment, support relationships and psychological

capital were explored. Strengths and Difficulties Questionnaire (SDQ) incorporates fundamental areas of emotional and behavioural difficulties and has been shown to be of acceptable reliability and validity (Goodman, 1997). Mental well-being and strength and difficulty scores revealed that those children who scored higher on mental well-being also scored higher on placement stability, carer attachment, support person, self-efficacy, resilience, hope, engagement, optimism, psychological capital, social connectedness, anxious relations, sense of support and attachment. Emotional problems were correlated with age, carer attachment, self-efficacy, engagement, optimism, psychological capital, social connectedness, anxious relations, sense of support and attachment.

Conduct problems were found to be correlated with time in care, carers attachment, support person, social connectedness, anxious relations and attachment.

Hyperactivity was associated to contact frequency, carer attachment, engagement, social connectedness, anxious relations and attachment. Peer problems were related to time in placement, placement instability, carer attachment, self-efficacy, engagement, optimism, psychological capital, social connectedness, anxious relations sense of support and attachment.

Prosocial behaviour was related to carer attachment, support person, self-efficacy, hope, engagement, optimism, psychological capital, social connectedness and sense of support.

Final total difficulties were associated with time in placement, carer attachment, self-efficacy, engagement, optimism, psychological capital, social connectedness, anxious relations, sense of support and attachment.

These findings are not surprising and are consistent factors identified throughout the research which help improve the well-being of looked-after children, as well as findings found in the qualitative phase and the proposed contact model. Interestingly carer attachment and social connectedness were associated with well-being and all

dimensions of total difficulties, which is consistent across the literature and with findings in the qualitative study. These results will now be discussed individually however, it is important that they are interpreted as interconnected to one another due to the relationship between total difficulties and children's overall well-being.

Well-being

Mental well-being and strength and difficulty scores revealed that those children who scored higher on mental well-being also scored higher on placement stability, carer attachment, support person, self-efficacy, resilience, hope, engagement, optimism, psychological capital, social connectedness, anxious relations, sense of support and attachment. The direction of the relationship in the current findings cannot be determined. However, variables here can be interpreted as interconnected, as in each influence the other. For example, literature suggests maintaining a stable relationship with a key individual is crucial for children's overall well-being (Bell, 2002). The development of a deep and meaningful relationship with a foster carer can specifically contribute to a young person's emotional well-being through the experience of love and sense of belonging (Chase, Maxwell, Knight & Aggleton, 2006).

A study by Selwyn, Wood and Newman (2017) used focus groups amongst 140 looked-after children in England to explore how looked-after children and young people view their own well-being in comparison to how children in the general public defined well-being. Results revealed a number of similar domains across the two comparison groups, however looked-after children identified a number of specific domains and placed more emphasis on certain factors than did children in the general population. For example, children in care did not place as much importance on material goods, except to highlight the positive impact this had on keeping in touch with friends and family. The four domains as identified by participants as contributing to their well-being included relationships (with birth

parents, siblings, friends, carers, social workers and teachers), rights (being able to express opinions about care and feeling included in social work decision-making), resilience building (feeling loved, sense of belonging, happiness and having key trusted adults) and recovery (given the same opportunities as peers). These results are parallel to the current findings as well as those identified in the qualitative study, in terms of variables correlated to looked-after children and young people's well-being, in particular key relationships and a sense of empowerment. Similarly, the Rees Centre's literature review for the NSPCC concluded:

“The evidence reviewed supports the position that high-quality caregiving, with added interventions targeted either directly at the child or indirectly (through the carer or those around the child), providing support where necessary, might effect positive change in children's well-being”
(Bazalgette, Rahilly & Trevelyan, 2015)”

An attachment relationship with a key individual, such as a foster carer has also been associated with improving children's sense of belonging and self-efficacy (Rogers, 2016), lower levels of externalising behaviours (Cheung *et al.*, 2011) and increased self-esteem and self-worth (Baldry & Kemmis, 1998; Luke & Coyne, 2008). Therefore, children's overall well-being is associated with the development of an attachment relationship with a key individual who can enable a sense of empowerment and resilience. This relationship can also help improve aspects relating to children's emotional and behavioural health such as sense of belonging and sense of stability. The two components are then interrelated and play an important role in contributing to children's overall well-being.

Emotional problems

Emotional problems were correlated with age in that older children were reported to have more emotional problems, less carer attachment, self-efficacy, engagement, optimism, psychological capital, social connectedness, anxious relations, sense of

support and attachment. Research has consistently identified a number of negative outcomes associated with looked-after children (Jones *et al*, 2011) including lower educational achievement in comparison to the general population (Berridge, 2007), higher prevalence of physical and mental health issues compared to those not looked-after (Meltzer, Gatward, Corbin, Goodman & Ford, 2003) and poor long-term outcomes stemming into adulthood (Viner & Taylor, 2005). Research indicates that the origins of poor mental health rates amongst looked-after children are a combining result of pre-existing mental health issues, exposure to maltreatment (including length of exposure) and biological risk and resilience (Bazalgette, Rahilly & Trevelyan, 2015). Consequently, children who have poor mental health are at greater risk of negative outcomes including placement instability (DOE & DOH, 2015). Coinciding these findings, literature has identified older children as generally experiencing more placement instability than younger children, for example in a study by Selwyn, Wood and Newman (2017) more than a third of young people over the age of 11 reported multiple placement moves, with only 23% reporting stability in terms of social worker relationships. Children who enter care at an older age tend to have experience more maltreatment and more likely to have emotional and behavioural issues, conduct problems and poor emotional well-being (Luke, Sinclair, Woolgar & Sebba, 2014; Sempik, Ward & Darker, 2008).

Literature has also identified looked-after children with higher rates of emotional and behavioural issues as more likely to experience instability and placement breakdowns (Selwyn, Frazer L & Quinton, 2006; Ward, Holmes & Soper, 2008). This is because carers without effective training and support find it difficult to cope with the complex needs of looked-after children, particularly those with emotional and behavioural issues (Bazalgette, L., Rahilly, T., & Trevelyan, G. (2015). It is likely the issue of not having a stable placement could explain the correlation between emotional problems and factors identified in the current findings including less carer attachment, self-efficacy, engagement, optimism, psychological capital, social connectedness, anxious relations, sense of support and attachment. Placement

stability and the development of a secure attachment bond has been linked to with improving children's sense of belonging and self-efficacy (Rogers, 2016), lower levels of externalising behaviours (Cheung *et al.*, 2011) and increased self-esteem and self-worth (Baldry & Kemmis, 1998; Luke & Coyne, 2008). This means emotional problems stemming from experienced of maltreatment can impact children's ability to attain a stable placement and form a secure attachment with a foster carer resulting in a number of negative outcomes impacting children's overall emotional health and sense of support and attachment.

Conduct Problems

Results revealed that children who scored higher in conduct problems were found to have spent more time in care, have experienced less carers attachment, support person, social connectedness, anxious relations and attachment. Coinciding with the current findings, literature has consistently shown that older children are more likely to display emotional, behavioural and conduct problems (Ford, Vostanis, Meltzer & Goodman, 2007) due to longer exposure to maltreatment than younger children. As previously identified, the exposure of abuse and/or neglect in childhood can result in developmental issues relating to the formation and maintenance of interpersonal relationships later in life (Sroufe *et al.* 1999; Frederick & Goddard, 2008). For example, in a study conducted by Andersson (2009) involving 20 care experienced young people, findings showed that 11 of the young people exhibited insecure attachment disorders including ambivalent/preoccupied and avoidant/dismissive patterns. These young people also described feelings of loneliness and no sense of family or belonging, impacting their self-worth and feeling of lovability. Unfortunately for many looked-after children, placement moves, sibling separation and contact arrangements all contribute to the breakdown of children's key relationships, often leaving them feeling alone with no support or social connectedness (Allen, 2003; Dickson *et al.*, 2009).

Conduct problems commonly found amongst looked-after young people can include lying, defiance and temper tantrums which often consequently impact children's placement stability (Sempik, Ward & Darker, 2008). Leathers (2006) examined negative placement outcomes amongst a sample of 179 looked-after young people placed in long-term foster care. The study followed young people for five years through their adolescence to explore placement status when the risk of disruption is highest. The association between behavioural problems and placement disruption was explored using a prospective design through foster carer and caseworker interviews. Results showed that just over 53% of young people experienced placements disruption and 31% were rated by foster parents as having conduct disorders. Findings in the current study are therefore consistent with the literature as well as findings from the qualitative study which identify conduct problems as impacting children's ability to form a secure attachment with a carer and feel supported. Conduct problems must be addressed by health care professionals and practitioners, in order to enable foster carers to cope with such issues.

Hyperactivity

Findings revealed that hyperactivity was associated to contact frequency, carer attachment, engagement, social connectedness, anxious relations and attachment. Again, these results are consistent with findings from the qualitative study, and also those found in more recent research on looked-after children. The literature has identified common outcomes associated with the experience of maltreatment amongst children to include emotional and behavioural issues, conduct disorders and hyperactivity (Ford, Vostanis, Meltzer & Goodman, 2007; Meltzer, Gatward, Corbin, Goodman & Ford, 2003; Sempik, Ward and Darker, 2008). Barber, Delfabbro & Cooper (2001) identified Hyperactivity in their sample of looked-after children to include three subscale behaviours; inability to concentrate for long, inability to sit still and distractibility. In their study placement changes were examined amongst 235 children entering foster care over the period of a year, and then followed up again following four months in care. When children in care who

had attained stable placements were compared with those who had experienced placement changes, those who had experienced more instability scored significantly higher on conduct disorder, hyperactivity and emotional issues. Children who experienced placement change also scored lower on social adjustment and were significantly older. Adverse contact experiences have also been associated with hyperactivity amongst looked-after children. In a review of the literature conducted by Boyle (2017) the impact of continued contact for children and young people in long-term foster care and adoption was examined. Contact which exposed children to further maltreatment had significant implications on children's behaviour including hyperactivity and attachment behaviours. In incidences where children were exposed to parental rejection through continued contact, insecure attachment behaviours were reported.

The importance of secure attachments for children's development and psychological adjustment has been well documented throughout theoretical and evidence-based literature (Ainsworth *et al*, 1978; Ainsworth, Blehar, Waters & Wall, 2015; Bowlby, 1982). However, those children who have experienced some form of maltreatment typical amongst looked-after children, may be susceptible to the development of insecure attachments. This category has been associated with a number of negative behaviours including resistance of affection from parental figures, controlling and defiant behaviour, hyperactivity, sleep problems, bed-wetting and overeating or hoarding (Boyle 2015). Problem behaviours as well as emotional issues have also been associated with placement breakdown as foster carers find it difficult to cope with such complex issues (Leathers, 2006). Therefore, results here indicate that children and young people who are identified as having hyperactivity are also less likely to develop a secure attachment with a foster carer or key person, feel less engaged and have more frequent contact. Therefore, this behavioural issue should be a focus for the health care professional, due to the negative impact this can have on looked-after children's psychological health and development.

Peer Problems

Findings revealed that peer problems were found amongst those who had spent more time in placement, experienced more placement instability, less carer attachment, lower self-efficacy, less engagement, less optimism, less psychological capital, less social connectedness, anxious relations, less sense of support and attachment. Research suggests peer relationships can have an important impact on the social development of adolescents, particularly those in care (Price & Brew, 1998). However, quite commonly for many young people in care, the experiences of life changes associated with being brought into care can disrupt existing social networks. Placement instability can cause further disruption, as children are estimated to experience at least four different placements whilst in care (Morgan, 2011). These disruptions can result in children and young people feeling isolated from their birth families and society (Emond, 2003), as well feeling alienated due to their 'in-care' status (Ridge & Millar, 2000). Peer problems were associated with the theme of stigmatisation, disempowerment and support in the qualitative study, as young people experienced a sense of indifference and felt socially isolated (Schofield *et al*, 2004).

Feelings of stigmatisation can comprise of two key aspects of children's psychological well-being, feeling different to others and feeling devalued (Rogers, 2016). The literature suggests that individuals who experience these outcomes and feel stigmatised, identify those who are not stigmatised as the in-group, whilst they remain in the out-group (Bos *et al*, 2013). It is common for young people in care to view themselves as different or abnormal, resulting in feelings of low self-worth and feeling devalued as a person (Schofield *et al*, 2004). However, in a study by Rogers (2016) on how young people manage stigmatisation, it was found foster carers can be seen as a source of support for those feeling indifferent or stigmatised. Foster carers were seen to offer young people a sense of belonging and encouraged them to engage in social practices with other looked-after young people, enhancing peer support and the formation of in-group interactions (Goffman, 1963; Rogers, 2016).

Overall, the current findings are consistent with the literature and the findings of the qualitative study, which associate peer problems with a number of negative outcomes for looked-after children. These outcomes are associated with themes of instability and disempowerment, and the inability to form secure attachments. This could either be a result of attachment issues as an outcome of maltreatment, or they simply have not had the opportunity to find stability and support in a placement. However, it is clear peer problems have a negative impact on children's psychological health and should be addressed and supported by practitioners and carers responsible for children's health and well-being.

Prosocial Behaviour

Those who scored higher on prosocial behaviour also reported more carer attachment, support person, more self-efficacy, hope, engagement, optimism, psychological capital, social connectedness and sense of support. Again, given the evidence, it seems these variables could be interpreted as interconnected to another. For example the impact of establishing an attachment bond with a carer may be related to more displays of prosocial behaviour, as having a carer attachment bond has been associated with a number of positive outcomes such as a young person's emotional well-being (Bazalgette, Rahilly & Trevelyan, 2015), sense of belonging (Chase, Maxwell, Knight & Aggleton, 2006), self-efficacy (Rogers, 2016), lower levels of externalising behaviours (Cheung *et al.*, 2011) and increased self-esteem and self-worth (Baldry & Kemmis, 1998; Luke & Coyne, 2008). Therefore, prosocial behaviour could either be an outcome of a secure carer attachment bond or could perhaps be observed as less burden on carers resulting in a closer carer attachment (McCarthy, Janeway & Geddes, 2003).

Children as young as 14 months old have displayed an intrinsic motivation for prosocial behaviour through helping others (Warneken & Tomasello, 2006, 2007).

Infants can respond sympathetically to situations which individuals appear distressed and begin to share resources at a cost to themselves from the age of two (Hepach, Vaish & Tomasello, 2013). However, research has frequently reported the detrimental effects of exposure to abuse and neglect on children's development and adjustment (Friedrich & Boriskin, 1976). In a study conducted by Prino & Peyrot (1994), the effects of physical abuse and neglect were explored amongst a sample of 68 children who had experienced physical abuse, in comparison to those who had not been abused but neglect and those who had not been abused or neglected. In particular aggressive behaviour, being withdrawn and prosocial behaviour were tested and compared between the samples. Results revealed that those children who had been physically abused displayed significantly more aggression than those who had been neglect and not maltreated. Children who had not been abused or neglected exhibited significantly more prosocial behaviour than those who had been abused and neglected. One theory researchers concluded from the study was that children who have not experienced abuse or neglect should be distinguished from those who have been exposed to maltreatment by higher levels of positive adjustment, rather than simply categorised by lower levels of maladjustment. In light of these findings, it's important to recognise not only the negative outcomes, but also the positive outcomes associated with looked children and young people such as prosocial behaviour and the means by which these positive outcomes can be enhanced such as important attachment relationships and placement stability.

Strength and difficulties

Final total difficulties were associated with time in placement, carer attachment, self-efficacy, engagement, optimism, psychological capital, social connectedness, anxious relations, sense of support and attachment. These findings are not surprising and are consistent factors identified throughout the research which help improve the well-being of looked-after children, as well as findings found in the qualitative study and the proposed contact model. The general trend across each aspect of the findings has been that adverse outcomes including emotional problems, conduct

problems, hyperactivity and peer problems have been associated with less attachment specifically carer attachment. Positive outcomes including children's well-being and prosocial behaviour have also been associated with levels of attachment. As previously stated these findings should be interpreted as interrelated to one another with the direction of influence influencing predictive and outcome factors. For example, well-being and prosocial behaviour have been cited in the literature as being direct outcomes of a secure attachment bond with a carer, however these variables as well as others identified in the current findings including hope, optimism and engagement may also be associated with less burden on foster carers and therefore more secure carer attachment (Baldry & Kemmis, 1998; Bazalgette, Rahilly & Trevelyan, 2015; Chase, Maxwell, Knight & Aggleton, 2006; Luke & Coyne, 2008; McCarthy, Janeway & Geddes, 2003; Rogers, 2016). As carer attachment and social connectedness were associated with well-being across all dimensions of total difficulties, it seems vital that practitioners and health care professionals place resources and support into developing these key relationships to help promote positive well-being, emotional and behavioural health and overall psychosocial adjustment for looked-after children and young people.

Impact of Placement, Contact Matters, Attachment and Psychological Strengths on Well-being

Based on findings identified from the qualitative study and existing literature three key areas relevant to the well-being and adjustment of young people in care were identified; experiences of contact with birth parents, empowerment / disempowerment; and attachment to key individuals. To test this hierarchical multiple regression analysis (HMRA) was used with well-being as the dependent variable. The following variables were found to be statistically significant: time in current placement, number of placement moves, length of time in care, contact frequency, desire for more frequency, current placement, and say in decisions about contact. As well as this 'say in decision making was found to be significantly associated with well-being when tested as an individual variable. When attachment was explored the most significant variables included attachment to carer, perceived

support from a special person, social connectedness and anxious relationships. A number of psychological factors were also associated to well-being, these included resilience, self-efficacy, life engagement, hope and optimism.

These findings will now be discussed within themes, as some variables are interconnected to one another and therefore should be considered as an overall matter. The theme 'well-being and placement' will include the following variables: time in current placement, number of placement moves, length of time in care and current placement. The theme 'contact matters, children's say and well-being' will include discussion of the following variables contact frequency, desire for more contact and say in decision making about contact'. The theme 'well-being and attachment' will include discussion regarding the variables attachment to carer and perceived support, social connectedness and anxious relationships. The final theme of 'Psychological Strengths and Well-being' will include the variables resilience, self-efficacy, life engagement, hope and optimism.

Well-being and Placement

It is no surprise that length of time spent in care was correlated to children's well-being. Outcomes associated with length of time spent in care as identified throughout the literature consistently highlight the significance of placement disruption and carer attachment on children's well-being (Barone, Dellagiulia, & Lionetti, 2016; Deborde *et al*, 2016; Fanshel & Shinn, 1978; George, 1970; Ford, Vostanis, Meltzer & Goodman, 2007; Howe & Steele, 2004; Howe & Fearnley, 2003). For example, in a review of the literature, Oosterman *et al* (2007) found that number of placement changes were significantly higher for children who had spent longer in care. Other studies (Wulczyn, Kogan & Harden, 2003; Smith, 2001) have shown the most risk of placement breakdown as occurring during the first 6 months and then lessening thereby after. Placement breakdowns can have a detrimental effect on young people's well-being (McAuley *et al*, 2009) emotional and

behavioural health (James, Landsverk, & Slymen, 2004; Rubin, O'Reilly, Luan & Localio, 2007), self-esteem and willingness to form new attachments with future foster carers (Butler & Charles, 1999). Young people who have experienced placement changes can develop a lack of trust with future carer's, contributing to their sense of belonging and happiness (Selwyn, Wood & Newman, 2016).

It is often the most troubled children and young people with complex emotional and behavioural issues who face the most placement disruption, lessening the possibility of developing attachment relationships with future carers. In contrast, other research has found caregivers parenting style as being more associated with placement stability than length of time in that placement. For example, research has found caregivers who advocate responsive parenting (Sinclair, Wilson & Gibbs, 2005) and adapt a level of sensitivity (Howe, 2005) and acceptance (Schofield *et al*, 2000) are more likely to establish a secure attachment bond with children and young people in care, regardless of the length of time a child remains in a placement (Andersson, 2009). In Andersson's (2009) study of children in temporary care, no association was found between the length of time a child spends in placement and the quality of relationships they established with carers. These findings are also consistent with those in the qualitative study, in which young people developed meaningful relationships with foster carers, even when placed in short-term temporary placements.

The age at entry to care and length of time young people had spent in care varied considerably, therefore only partly associated with young's people's ability to form meaningful relationships with carers. Factors associated with young people's ability to form close bonds with foster caregivers was fundamentally based on the love and care they received during that placement including being included and identifying as part of their foster family. Research has consistently highlighted the impact of placement as vitality important for looked-after children's well-being, as those

placements which offer children a sense of stability (Moyers *et al*, 2006), a secure base in which they feel safe (Cheung, Goodman, Leckie & Jenkins, 2011) and the development of meaningful relationships with foster carers (Oosterman *et al*, 2007; Sinclair & Wilson, 2003; Withington *et al*, 2017) can help children and young people cope and potentially overcome past experiences of maltreatment (Dickson *et al*, 2009; Withington *et al*, 2017). Therefore, the association between children's current placement and well-being, may be related to their attachment relationships with carers and the meaningful relationships they develop in their placement.

Contact Matters, Children's say and Well-being

Findings revealed that children and young people's well-being was associated with contact frequency, desire for more contact and say in decision making about contact. The frequency of contact is fundamentally based on the decision as to whether reunion is the ultimate goal or not (Taplin & Mattick, 2014). Findings from the qualitative study identified the frequency of contact as an important topic across participant accounts. Some young people had a much stronger desire to maintain continued contact with birth parents expressed by their requests for more frequent sessions, whilst others decided contact was more damaging than beneficial and therefore chose to suspend or end sessions. A number of young people also felt they were not included in the organisational processes of contact sessions, including issues such as the location of contact, the intended purpose, the frequency or duration of contact sessions. However, all young people were directly affected by the experience of contact, which induced highly emotive responses highlighting the importance of the inclusion of young people in important decision-making processes.

Debates concerning the appropriateness of how decisions are made regarding important aspects of contact have been highlighted throughout research, including the frequency, duration and location of contact (Lucey *et al*, 2003; Taplin, 2005). As previously highlighted, many children and young people in care feel disempowered

with it comes to having their say in decision making processes (VOYPIC, 2014; Morgan, 2012; Timms & Thoburn, 2006). The impact of excluding children and young people from important decisions such as contact processes has been associated with children feeling dissatisfied, unhappy and at risk (Timms & Thoburn, 2006). Inclusion in decision making through regular consultation with children and young people can ultimately improve the experience of contact, for when contact does not meet the emotional needs or expectations of young people, this can result in behavioural issues, emotional distress, for example crying after sessions or feeling devalued, frustrated or confused (Dickson, Sutcliffe & Gough, 2010). However, it is important to consider the potential negative outcomes associated with contact, including emotional distress (Browne *et al*, 2001), the onset of painful latent feelings (Macaskill, 2002) and exposure to further abuse during contact visits (Boyle, 2017; Moyers, Farmer & Lipscombe, 2006). This is important as most children have a desire for contact, however the outcomes can be damaging, particularly if contact does not serve an intended purpose and the voice of the child has not been sought. Such contact can impact children's behavioural and emotional health (Browne & Moloney, 2002), placement stability and overall well-being (Boyle, 2017; Howe & Steele, 2004; Loxtercamp, 2009; Macaskill, 2002).

Well-being and Attachment

When the theme of attachment and well-being was explored, a significant association was found between attachment to carer, perceived support from a special person, social connectedness, anxious relationships and well-being. As previously discussed, it is a well-known fact that the formation of a secure attachment to at least one care giver is crucial for children's social and emotional development (Ainsworth *et al*, 1978). Identified as a fundamental issue amongst looked-after children, the breaking of a secure bond between child and care giver can have implications on a child's ability to form new relationships (Fratter, Rowe, Sapsford & Thoburn, 1991; McWey & Mullis, 2004; Neil & Howe, 2004). The experience of extreme caregiving deprivation can also result in social, emotional and behavioural

disturbances impacting their development (O'Connor *et al*, 2000; Smyke, Dumitrescu & Zeanah, 2002). However, more recent research has suggested that children can form multiple attachments including new attachments with key people in the child's life such as foster carers and adoptive parents (Kelly & Lamb, 2003; Stovall-McClough & Dozier, 2004).

Consistent with current findings on attachment and well-being, the qualitative phase identified the support children receive and attachment relationships they develop as an important theme across all participant accounts. The literature has also identified the significance of having the support of a key person for looked-after children in helping cope with a number of issues such as placement moves, the breakdown and loss of relationships, health issues and substance abuse (Chase *et al*, 2006; Luke & Coyne, 2008; Martin & Jackson, 2002; McAuley, 2006; Mullan *et al*, 2007). For looked-after children, having at least one person to trust and confide has also been associated with a number of short and long-term outcomes including higher levels of self-esteem (Luke & Coyne, 2008), self-worth (Ackerman & Dozier, 2005) and less risk of having psychological issues in adulthood (Anctil, McCubbin, O'Brien & Pecora, 2007) compared to those who do not have a source of support (Withington, Duplock, Burton, Eivers & Lonne, 2017). In particular the development of a meaningful relationship with foster carers has been associated with a number of outcomes including increased self-esteem, self-worth (Baldry & Kemmis, 1998; Luke & Coyne, 2008), lower levels of externalising behaviour (Cheung *et al.*, 2011), and positive representations of self (Ackerman & Dozier, 2005).

Foster carers also play a significant role in social connectedness for looked-after children through encouragement to engage in social practices, thus enhancing peer support and the formation of in-group interactions (Goffman, 1963; Rogers, 2016). Through the provision of support, foster carers can enhance looked-after children's

social connectedness and perceived support, therefore attachment bonds, particularly with foster carers, are vitally important for children's overall well-being.

Psychological Strengths and Well-being

Grounded in the proposed contact model, a number of psychological factors were correlated to well-being, these included resilience, self-efficacy, life engagement, hope and optimism. Children in care who have experienced maltreatment in some form including abuse or neglect may suffer developmental difficulties due to the exposure of stress and complex trauma (Ungar 2013). This form of exposure can also impact children's resilience, involving their ability to use personal resources such as optimism to cope with such stressors (Ungar, 2005). However, it is understood that certain positive aspects in looked-after children's lives will often consequently impact other parts of the child's life in a positive manner. For example, if a child in care has developed a secure attachment bond with a foster carer, then this may have important implications on a child's social connectedness with peers (Martin & Jackson, 2002), and as peer relationships have been associated with increased academic achievement amongst looked-after children (Martin & Jackson (2002), this could ultimately improve children's chances of gaining employment in adulthood.

Such positive factors could yield short term and long-term successful outcomes and provide benefits in terms of resilience for this otherwise vulnerable group.

Resilience for looked-after children, is not just a predisposed construct, but also refers to protective factors which help children cope with the experience of maltreatment, adversity and social disadvantage (Gilligan, 1999). Resilience is therefore significantly important for looked-after children's development and well-being. Rutter (1987) identifies three aspects to resilience: a sense of self-esteem and self-confidence, a sense of self-efficacy, and social problem-solving skills. However more recently and specific to looked-after children's development and well-being,

Gilligan (1997) has categorised three ‘building blocks of resilience’ including child’s sense of a secure base, child’s self-esteem and child’s sense of self-efficacy.

Findings from the qualitative phase identified positive attachment behaviours towards at least one foster carer during their time in care as helping build resilience and self-esteem. If looked-after children have the resources to help develop a sense of resilience, such as a secure attachment with a foster carer, this will not only positively impact other parts of the child’s life, but also parts of their psychological health including constructs such as self-efficacy, hope and optimism. These constructs are all interconnected and can be enhanced in different ways, but the ultimate outcome will help improved looked-after children’s overall well-being and life. Therefore, in line with the proposed contact model, a key aspect to empowering looked-after young people to help cope with the experience of maltreatment should involve opportunities to help enhance their sense of resilience (for example, a secure attachment with a key person). This can result in both short term and long-term outcomes in relation to their psychological capital, social capital and overall well-being and adjustment.

Well-being and Strength and Difficulties

Total difficulties (which is the sum of emotional problems, conduct problems, hyperactivity and peer problems) and its relationship with well-being was also tested. Findings revealed an associated with age, sex, educational status, time in current placement, number of placement moves, length of time in care, contact frequency, desire for more frequency, current placement, and say in decisions about contact. The individual variables which were statistically significant were length of time in care, length of time in current placement, desire for more contact, and say in decision making about contact. Following this, social connectedness, anxious relationships, secure attachment and sense of support were found to be play a role in total difficulties and children’s well-being. The next stage of analysis showed resilience, self-efficacy, life engagement, hope and optimism to have an impact on children’s total difficulties and well-being. The final analysis identified total difficulties to be predicted by not having a say in decision making about contact, not feeling socially

connected, not having a secure attachment, not feeling attached to current care-giver. Not feeling supported and lacking a sense of engagement and resilience. These will once again be discussed in themes as many of the variables are interconnected such as those concerned with placement and contact.

Sex, Total Difficulties and Well-being

As previously discussed the older a child is at entry to care, the more likely they are to be associated with negative outcomes. This includes more placement instability than younger children (Selwyn, Wood & Newman, 2017), more emotional and behavioural issues, conduct problems and poor emotional well-being (Luke, Sinclair, Woolgar & Sebba, 2014; Sempik, Ward & Darker, 2008). However, what was interesting here was that a child's sex was found to have an impact on total difficulties and well-being, as sex has not had an impact on any other findings so far. There is very little literature which identifies gender differences in association with outcomes and well-being for looked-after children, other than the sex of a child may play a role in emotional and behavioural health. The most prominent survey in relation to mental health and looked-after children was produced by Meltzer *et al* (2003). The survey presented data from the first national survey of the mental health of young people looked-after by local authorities in England. The report identified prevalence rates of three main categories of mental disorders: conduct disorder, hyperactivity and emotional disorders by child and placement characteristics. Findings revealed that boys and girls were generally equally represented among those with no disorder. However, boys were more likely to exhibit hyperkinetic disorders, while proportionately more girls demonstrated an emotional disorder. Perhaps if boy's and girl's total difficulties scores were broken down, the prevalence in hyperactivity and conduct disorders would reside with boys, were as girls would prevail in emotional problems. However further analysis would be needed to explore these differences.

Education, Total difficulties and Well-being

Also interesting is that educational status was found to impact children's total difficulties and well-being. Consistently, research has identified care experienced children as disadvantaged in terms of educational attainment. This vulnerable group have been identified internationally as one of the lowest performing groups in relation to educational outcomes, with attainment gaps continuing to increase as children get older (Sebba, Berridge, Luke, Fletcher, Bell, Strand, Thomas, Sinclair & O'Higgins, 2015). Developmental delays are often an outcome of maltreatment, as persistent neglect has been associated with neurodevelopmental difficulties, cognitive ability and educational performance (Turney & Tanner, 2003). Considering these outcomes, policy has now placed much attention on the education of looked-after children. For example, the guidance for the Children's Act 1989 requires local authorities to provide support and equal opportunities for looked-after children in education and to include strategies into each child's care plan (Goddard, 2000). However, looked-after children continue to struggle in terms of educational attainment in comparison to the rest of the non-care population (Berridge, 2007).

Another explanation which has been consistently cited as having an impact on this educational gap is the impact of placement instability (Berridge, 2007; DfES, 2006; Dobel-Ober, Harker, Berridge & Sinclair, 2004; Jackson, 1998; Francis, 2000; Jackson & Thomas, 2001; Evans, 2003; O'Sullivan & Westerman, 2007). Looked-after children who experience more placement changes are also less likely to be entered for any GCSE exams (Fletcher-Campbell & Archer, 2003). For example, in a study conducted by O'Sullivan and Westerman (2007) the association between number of placements and looked-after children's educational attainment (GCSE results) were explored to assess the impact of instability in comparison to national statistics for looked-after children. Findings revealed that of the children who were moved more than ten times, 60% did not sit any GCSE exams, 34% who did sit exams did not achieve between grades A*-C, only 6% achieved any GCSE passes at grade A*-C, and no children achieved five passes at grade A*-C in their GCSE

exams. As previously discussed, placement instability has been associated with detrimental outcomes for looked-after children, including emotional distress and behavioural issues emotional and behavioural outcomes (James, Landsverk, & Slymen, 2004; Rubin, O'Reilly, Luan & Localio, 2007). Therefore, impact of placement instability can have important consequences on children's education and overall well-being. It is therefore crucial that health care professionals and those responsible for the health and well-being of looked-after children work with educational providers to try to promote positive actions which consider the timing of placement moves and the impact this can have on exams, and the importance of promoting stability when possible.

Support in Placement with Contact, Total Difficulties and Well-being

As previously discussed the nature and duration of placement type can have important implications on children's emotional and behaviour health (Barone, Dellagiulia, & Lionetti, 2016; Deborde *et al*, 2016; Fanshel & Shinn, 1978; George, 1970; Ford, Vostanis, Meltzer & Goodman, 2007; Howe & Steele, 2004; Howe & Fearnley, 2003). The length of time children and young people spend in care has also been associated with detrimental outcomes, as research suggests the longer a child spends in care the more likely they are to experience more placement instability (Oosterman *et al*, 2007). Children's foster carers not only play an important role in promoting stability, but also in how contact is organised and perceived by children.

Foster carers play a fundamental role in the facilitation of contact with birth parents (Wilson & Sinclair, 2004), which can vary from providing transportation to and from sessions (Scott, O'Neill & Minge, 2005; Triseliotis *et al*. 2000) to providing emotional support following sessions and coping with complex emotional and behavioural issues due to the impact of contact (Neil & Howe, 2004). The attitude of foster carers towards contact sessions can also have a significant impact how

contact is shaped (Bullen, Kertesz, Humphreys & McArthur, 2015; Hojer, 2009; Sen & Broadhurst, 2011). For example, when foster carers have a flexibly approach towards contact, this has been associated with more time spent between child and parent, as well as enhancing relationships between foster carer and birth parent (Gerring, Kemp & Marcenko, 2008; Linares, Montalto & Oza, 2006; Pasztor, McNitt & McFadden, 2005; Sanchirico & Jablonka, 2000). These findings were also consistent across participant's accounts in the qualitative study in which the support of foster carers on contact matters influenced how contact was perceived by young people. Therefore, foster carers play an important role in empowering young people to become involved in contact matters.

The significance placed on the level inclusion children feel in contact processes has been consistently cited throughout the literature (Bell, 2002; Buchanan, 1995). Young people in care who feel supported, often feel more empowered and prepared to take control of their lives by becoming more involved in decisions which impact them (Leeson, 2007). Giving the potential risks associated with contact for those children and young people who are not expected to be returned home and who do not have strong pre-care relationships, direct support with facilitating contact and indirect support in coping with issues arising from contact is essential to help carers feel supported and equipped to empower young people to take control of their lives (Sinclair, 2005). Therefore, when children establish a meaningful relationship with a foster carer, this not only enhances their sense of stability, but also has important implications for how contact is perceived and organised (Lesson, 2007). Foster carers then play a crucial role in supporting children and young people to cope with the impact of contact, by enhancing a sense of resilience. Therefore, the support and attachment relationships looked-after children develop with foster carers can have significant impact on not only their psychological adjustment and social capital, but also their experience of contact and level of engagement in matters which impact their lives.

Conclusion

Findings from an initial qualitative phase have informed the development of a contact model. The model identified pre-care attachment relationships with birth parents as a pre-determining factor which influences the overall experience of contact. Depending on children's pre-care attachment bond with a birth parents and a desire from both birth parent and child to maintain or enhance the relationship, contact either serves to strengthen the bond and empower young people, or maintain a difficult relationship resulting in disempowerment. The pre-care attachment bond and experience of contact can then impact young people's overall well-being. However, a secure attachment with a key individual can act as a mediating factor, enhancing a sense of psychological capital (an individual's positive psychological state of development, characterised by hope, resilience, optimism and self-efficacy, Luthans *et al*, 2007) and social capital by promoting a sense of stability and resilience.

These two constructs can have a significant impact on children and young people's overall well-being and adjustment, highlighting the importance of exploring continued contact with birth parents as a developmental issue. Therefore, the development of a secure attachment bond with a key individual is one of the most fundamental issues related to contact experience and well-being for looked-after children and young people. The current study explored the main indicators of children's well-being and attachment in relation to contact. The overall findings support the proposed contact model developed by findings from the initial exploratory qualitative study.

Well-being is a multifaceted construct which is concerned with how children feel about themselves, their life and their relationships and also how they function. For looked-after children the concept of well-being is much more complex, as it involves functioning in the face of adversity, disadvantage and functioning with the

opportunities and decisions mostly made on their behalf. The definition of well-being is therefore much more specific and complex for looked-after children in comparison to the wider non-care population. When looked-after children were asked to define well-being in a study by Selwyn, Wood and Newman (2017) the four domains as identified by participants as contributing to their well-being included relationships (with birth parents, siblings, friends, carers, social workers and teachers), rights (being able to express opinions about care and feeling included in social work decision-making), resilience building (feeling loved, sense of belonging, happiness and having key trusted adults) and recovery (given the same opportunities as peers). It is therefore essential for health care professionals, practitioners and those responsible for the health and safety of looked-after children to firstly adequately define and measure well-being amongst looked-after children, and then work to enforce and support mediating factors which help to improve overall well-being. Selwyn, Wood and Newman (2016) describe the lack of emphasis placed on the measurement of well-being and quality of care looked-after children receive. However, only through empowering the children themselves to voice their opinions, can we identify what well-being means for this group, how to effectively measure this construct and what factors can then impact their well-being.

Clinical Implications

Findings have identified three key themes which had a significant impact on children's well-being: Contact with birth parents, say in decision making processes surrounding contact and attachment to a foster carer. These three factors are interconnected, as identified in the proposed contact model and can ultimately impact children's overall well-being, adjustment and development. It is therefore essential that these key factors are held with of the upmost importance when initial decisions are made in the early stages of being brought into care. This would involve professionals to consider children's attachment behaviours with birth parents at entry to care. The desire for contact then must be assessed from both the birth parent and child for contact to serve any real purpose. This means the dynamic of

the birth parent and child relationship should be professionally assessed and reflected in the justification and purpose of contact, if the desire is there from both the birth parent and child to engage in continued contact. The child must also be given the opportunity to develop deep and meaningful relationships outside of the birth parent relationship, as this is significant to children's overall development and adjustment. To enhance social connectedness, relationships should especially be encouraged amongst peers, as well as key individual's children will work with during their time in care such as social work staff and mentor groups.

Perhaps most importantly, placement stability and the development of a secure attachment bond with a foster carer should be encouraged, particularly when a child is in long-term care. Findings here have shown attachment to a foster carer to play an important mediating role in many aspects of children's adjustment, well-being and life including their education, hope, resilience, contact matters and well-being. Findings and figures by Loughborough University presented in the 'Achieving emotional well-being for looked-after children' report conducted by the NSPCC (Bazalgette, Rahilly, & Trevelyan, 2015), suggest that a lack of support for looked-after children's emotional well-being and breakdown in placements could be economically detrimental and funds would be better placed in providing specialist support (Bazalgette, Rahilly, & Trevelyan, 2015). The report evidences the following;

“One child's unstable and unsupported experience of care cost £22,415 more per year (including health, social care and criminal justice costs) than another child's stable and well-supported care journey.
If a child who experienced nine placements had received a package of specialist support to keep his placement stable, this could have saved an estimated £67,851 over 11 years (approximately a 10 per cent reduction in costs)”

This would result in not only a more cost-efficient service, but also better outcomes associated with looked-after children's mental health, development and adjustment. This means government strategy should take action to monitor indicators of children's well-being, and support factors which enhance placement stability and the development of meaningful relationships (particularly foster carers and peers). This would involve constructing clear guidelines and requirements for local authorities, a multi-agency approach to support all key individuals, and consistent measurement to assess the progress of implementations.

Future Directions

Perhaps future research would benefit from focusing on developing a measure of well-being specific to the needs of looked-after children. This would initially require an explorative process consulting looked-after children and young people themselves to help define the meaning of well-being. If an effective measure was developed this could not only help health care professionals support the emotional well-being of looked-after children, but also facilitate integration of local authorities and mental health services to improve outcomes associated with children's well-being.

Research should also explore the development of a measure of contact. An effective measure could help determine the impact of contact on children's emotional and behavioural health, assess outcomes associated with the experience of contact and monitor children and young people's overall satisfaction with contact. How such measures could be piloted, implemented and monitored into current practice, in a cost effective, homogeneous way is also something which requires further consideration.

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Chapter 5: Research integrative summary and future directions

Discussion of overall findings

5.1 Introduction

The overarching aim of the study was to explore the psychosocial factors which have an impact, not only on the overall experience of contact, but also on the well-being of looked after children.

Thesis objectives to achieve this included;

1. To explore care experienced young people's experiences of contact with birth parents and identify the main issues surrounding contact.
2. To identify outcomes associated with contact for looked-after children and young people and identify what factors have a beneficial or damaging impact on contact
3. To explore the impact of contact on looked after children and young people's well-being and what psychosocial factors mediate the impact of contact

By collating findings from both the qualitative and quantitative phases, and in conjunction with the literature reviewed throughout, this final chapter will engage reflexively and critically with the aims of the research to highlight the theoretical, methodological, and practice contributions of this thesis. The chapter will initially review research findings from both the qualitative and quantitative phases collectively. In order to try and address the overall aims of the research the use of a sequential exploratory mixed-methods design was the preferred option. The general rationale for this type of design is to use the findings from qualitative data to inform a larger scale quantitative exploration and to use the quantitative data to expand on interpretations from the qualitative findings. Therefore, the findings from each phase will be combined to produce an overall interpretation of the entire analysis of the phenomenon that is contact. However, it is also important to recognise the richness of the data gained in the accounts of the young people who took part in qualitative phase. The openness and sincerity of the young people's views was not

only inspiring, but also provided an in-depth insight into the phenomenon of contact which helped inform and design the quantitative survey. Without such detailed and rich data, the research would not have provided such insightful and significant insights and findings.

The next section will then illustrate thesis contributions and theoretical implications, which will include implications of findings for policy and practice. Limitations of the thesis and lessons learnt will then outlined, in particular methodological issues surrounding research with this particularly vulnerable group. Future recommendations for subsequent research will then be discussed, followed by an overall conclusion.

Finally, given the sensitive nature of the topic and participants involved, it felt necessary and appropriate to include a short reflective log highlighting the researchers own experiences and thought processes throughout. This will only reflect the opinions and views of the researcher and should be regarded as an insight into the emotional processes involved in conducting research of this nature with this specific cohort. Reading the overall findings with openness and acknowledgement of the significance of giving looked-after children a platform to express their views proved very useful in identifying and understanding the complexity of contact with birth parents.

5.2 Analysis of overall findings

The complexity of contact

Overall findings demonstrate that contact is a highly emotive experience which can be impacted by a number of outcomes, and consequently can be associated with a number of outcomes for looked-after children. Before considering the association between contact and outcome variables, it is important to consider current policy and practice surrounding contact. Policy across the UK (Children Act 1989), NI

(Children Northern Ireland Order 1995) and the RoI (Child Care Act 1991) continues to support the maintenance of continued contact with birth parents through practice. Support of continued contact has most commonly been based on theories stemming from early research which suggests that contact is correlated to children's likelihood of being returned home and other positive outcomes such as an enhanced sense of identity and emotional well-being (Fanshel, 1975; Millham, Bullock, Hosie & Little, 1986). However, such research has predominantly been based on secondary data and has failed to consider the impact of pre-care attachment relationships (Quinton *et al*, 1997). It is then difficult to accept justification of a preferential stance to accommodate and support continued contact (when it does not pose a threat to children's safety and well-being) based on methodologically flawed literature.

Overall findings from the current research revealed the significance of the issue to looked-after children and the impact it can have on their emotional and behavioural well-being. This shared emotional experience means it is crucial that contact is considered with significant thought and planning and assessed and determined on a case-by-case basis which serve the best interests of the young person (Boyle, 2017) rather than a one size fits all approach. Of course, it is necessary to consider mounting pressure and restricted resources for children's service staff, as well as increasing figures of looked-after children populations which pose a strain on practitioners. However, central to policy is a need to consider what is best for each child in care, therefore attention must be paid to the intended purpose of contact for each individual case. The voice of the child and the implications of continued contact on their emotional and behavioural well-being is essential in planning contact procedures, however findings reveal that some children feel they do not have enough say on this matter. Therefore, it is important to reflect on contact as being an individual experience for each child, and not assumingly a positive step towards positive outcomes. Overall findings suggest contact should be considered in respect of the following issues:

1. Children's pre-care attachment bond with birth parents
2. Placement outcomes and whether reunion is the ultimate goal
3. Children's and birth parent's own desire for a relationship to be strengthened or enhanced.
4. The safety and well-being of the child

The complexity of contact is summed up effectively by the following quote;

"In our present state of knowledge it is seriously misleading to think that what we know about contact is at a level of sophistication to allow us to make confident assertions about the benefits to be gained from it."

(Quinton, *et al.*, 1997, p. 411)

Although a simple answer or explanation cannot be deferred regarding the beneficial or damaging impact of contact, what is certain, is the impact contact can have on children's emotional and behavioural well-being. Overall findings suggest contact can be a useful and essential tool for children to maintain important attachment bonds with birth parents, however the nature of such attachment bonds must first be assessed. If it is not a secure attachment bond and a mutual desire is not present in both the birth parent and child to enhance the relationship, then contact can result in distressing and adverse outcomes, particularly for children's emotional and behavioural well-being. Contact is not a simple procedure and cannot be advocated or dismissed without appropriate examination in relation to each individual child's needs.

Looked-after children as agents in constructing their own lives

The views of looked-after children and young people themselves have been defectively underrepresented throughout the research, pertaining a large methodological gap (Stevens & Boyce, 2006; Tarren-Sweeney, 2008). Specifically, the absence of the views of looked-after children can be found in relation to complex

contact processes (Dickson, Sutcliffe & Gough, 2009; Munro, 2001; Ofsted 2009) and what well-being means for looked-after children (Selwyn, Wood and Newman, 2017). The current research placed significant importance on exploring contact with birth parents from the perspective of looked-after children, as this is a key issue which has consistently been identified as one of the most important concerns amongst looked-after children (Ofsted, 2009; Steven & Boyce, 2006; Timms & Thoburn, 2006).

For most young people in the current study, being removed from birth parents and entering the care system seemed to be associated with losing elements of control over certain aspects of their lives. Concurrently, the findings of this study demonstrate that looked-after children cannot be viewed as passive subjects in decisions concerning their lives, specifically in relation to the process of contact. Findings indicate that children and young people call for more inclusion in contact decision making processes. Although policy and procedure identify the views of the child at the forefront of decisions, children and young people in the current study felt their views and feelings were considered from a deficit point of view by professionals. That is, their views were either disregarded due to factors such as age, or not pursued at all. Analysis from the current study revealed that those children and young people who felt they did not have sufficient decision-making say also experienced more placement instability, more frequent contact, were less engaged, less optimistic, had lower psychological capital, exhibited higher levels of conduct problems, hyperactivity and peer problems, reported lower mental well-being, less secure attachment and lower levels of social capital. Such adverse outcomes were considered to be associated with a lack of support from a key person in the child's life.

A key aspect to empowering looked-after young people to take control of their own lives was the support of a significant and consistent person, most commonly in the

form of a foster carer. This relationship can act as a mediating factor which invokes a sense of empowerment in young people's lives and can result in both short term and long-term outcomes in relation to looked-after children's psychological capital, social capital and overall well-being and adjustment. Young people in care who feel supported, often feel more empowered and prepared to take control of their lives (Leeson, 2007). Therefore, a secure attachment bond with a key individual, whether a carer, sibling or peer, could influence children and young people's sense of empowerment and have a significant impact on their overall well-being. However, the support of peers and mentors through organisations such as VOYPIC are also associated with feelings of empowerment and should be supported and promoted as much as possible.

Attachment relationships and well-being

Research which explores how children recover from adverse experiences, is often linked with the role of birth parents and the development of a secure attachment bond (Ainsworth *et al*, 1978; Masten, 2015; Wood & Selwyn, 2017). However, for looked-after children and young people, this role is often either left absent or taken on by another key person in the child's life (Gilligan's 2009; 2015). The role of the person most associated with resilience, trust and support in the current study was a foster carer. However, other sources of support and trust which were identified in the current study, which are also consistent across research include siblings, social workers, mentors and peers. As long as the key individual represents a positive and consistent presence in the child's life, then the source of trust and support comes second to the actual nature of the relationship (Wood & Selwyn, 2017).

A source of support and trust is significantly important for looked-after children, as it has been identified as a key factor in coping with trauma (Rotenberg, 2010) and building resilience (Gilligan, 1999). Having at least one positive key relationship characterised by trust and support has also been associated with higher levels of self-

esteem (Luke & Coyne, 2008), self-worth (Ackerman & Dozier, 2005) and less risk of having psychological issues in adulthood (Anctil, McCubbin, O'Brien & Pecora, 2007). When the theme of attachment and well-being was explored in the current study, a significant association was found between attachment to carer, perceived support from a special person, social connectedness, anxious relationships and well-being. Findings in the current study suggest that the development of a secure attachment relationship with a carer acted as a significant protective factor in the absence of a secure attachment with a birth parent. Therefore, to meet the developmental needs of the child, foster carers can help to promote resilience by reducing the impact of risk. Schofield & Beek (2005) identify specific tasks foster carers implement when promoting resilience, including increasing a child's felt security, building self-esteem, promoting competence and working towards a range of developmental goal. Findings from the current study suggest a secure attachment relationship such as that with a foster carer can have the potential to significantly impact a child's sense of resilience and emotional and behavioural well-being.

Relationships with peers were also identified as significantly important to young people in the current study. Findings revealed that those children who experienced peer problems also spent more time in care, experienced more placement instability, less carer attachment, lower self-efficacy, less engagement, less optimism, less psychological capital, less social connectedness, anxious relations, less sense of support and attachment. During childhood, children tend to turn to their primary caregivers for security, however as children enter adolescence they begin to shift their emotional investment towards peers. These peer relationships can have important implications on young people's social development (Price & Brew, 1998). However, for looked-after children, social networks can be difficult to establish and maintain. Instability through placement moves can result in a sense of isolation and indifference for looked-after young people (Edmond, 2003; Schofield *et al*, 2004). Promoting peer relationships should then be a priority for those responsibility for the health and well-being of looked-after children to help promote social connectedness.

Research has identified foster carers as enhancing children's sense of social connectedness, peer support and the formation of in-group interactions by encouraging them to engage in social practices with other looked-after young people (Goffman, 1963; Rogers, 2016). Findings overall highlight the significance of positive secure relationships in promoting a sense of resilience and social connectedness.

5.3 Thesis contributions and theoretical implications

Proposed Contact Model and well-being

Findings from the initial qualitative phase helped to inform the proposed contact model used in the quantitative phase. The model suggests if an attachment bond with a birth parent is secure and a desire to maintain that relationship is evident in both the young person and parent, then contact can serve to strengthen the quality of that bond. However, if the pre-care attachment bond is insecure then contact can serve to further damage that relationship by re-exposing young people to distressing experiences and difficult relationships. A mediating factor which empowered young people and helped them cope with the impact of contact and being in care, was an attachment bond with a key person. A secure attachment bond, whether with a birth parent, foster carer or sibling helped young people's resilience, self-esteem and self-identity.

The construct of contact could then be seen as a developmental issue, impacting young people's relationships and lives. Birth family contact then has the potential to act as a protective construct which can function to enhance the attachment bond and sense of resilience and well-being, if a secure pre-care attachment was evident and both parent and child desire to maintain or enhance the relationship. This will also require support from social care staff, and perhaps interventions and therapeutic sessions, as well as a positive relationship with a foster carer who is equipped to provide emotional and practical support in contact matters. However, if the pre-care attachment bond was insecure or disorganised, then contact may function to

contribute to a dysfunctional and potentially harmful relationship. This may result in enhancing a sense of instability, anxiety, fear and reduced self-esteem and self-efficacy. These factors then may impact a child's ability to form a new attachment with a future carer and achieve placement stability, depending on the level of support a carer can provide when dealing with specific and complex issues associated with looked-after children (Beek & Schofield, 2004; Neil and Howe 2004). If contact is poorly managed, no initial attachment assessment has been carried out and without the voice of the child as a continuous and ongoing indicator, contact can have a significantly negative impact a child's overall well-being.

Findings from the questionnaire survey subsequently supported the proposed contact model highlight the impact of contact on children's well-being. In terms of linking theory with practice, the proposed contact model then provides a theoretical framework from which to assess the need for contact on an individual level, as well as assessing key relationships in the child's life which serve to enhance a sense of empowerment for the child. Traditionally, the application of an attachment theory model in social care practices has focused on attachment formation during infancy. However, for many looked-after children, forming new attachments with foster carers can occur at a later developmental stage. By adolescence many children in care have been associated with more severe and specific emotional and behavioural issues. It is then important to consider an attachment framework when guiding practice which encompasses and is sensitive towards the specific needs and issues associated with looked-after children.

Giving looked-after children a platform to be heard

As well as the theoretical implications developed from findings, the data raises issues and concerns which compel further consideration in terms of their implications for practice. In particular, findings described specific experiences across young people's accounts in which they felt social care staff failed to consult

with them on decision making processes. It is important to be mindful of the complexity of practice contexts, particularly in respect of contact matters. For example, court ordered contact arrangements are not adaptable, and often children will desire more contact without fully understanding the risks or outcomes involved. It is also necessary to consider the challenges for social care staff in attempting to meet the needs of both children and birth families whilst managing heavy caseloads with limited resources. However, the evidence remains, that a significant number of children may be experiencing the consequences of such limited resources and pressure on staff, as they feel disempowered and isolated from decision making processes. Therefore, the current study added to the literature of looked-after children by presenting and analysing issues and concerns as identified from the perspective of the children and young people themselves.

Particular barriers were also associated with hearing the voice of looked-after children. Mainly the opportunity must be presented for looked-after children to feel confident and comfortable to express their views. Traditionally this opportunity has been through 'looked-after children reviews' however across most participant accounts in the qualitative phase, such reviews were met with intimidation and discomfort. The formal nature and combination of professional staff, teachers, practitioners and people personally close to children were identified as intimidating resulting in children feeling restricted in expressing how they felt. If the views of looked-after children are to be effectively considered, a more personal approach modelled on a real-life family situation should be employed. This should include a sympathetic and neutral environment, consisting of no felt judgement and the freedom to feel empowered in expressing how they feel.

5.4 Policy and practice

Findings in the current study have raised certain issues which require further consideration in relation to practice. Children have their own unique care experience

based on their backgrounds and experiences, however certain practices may be recommended to help enhance outcomes for looked-after children;

- Practitioners should integrate and embrace theory and practice. It is often difficult to apply research and theory into practice, as it can seem obscure and untranslatable. However, this study recommends considering a modern theory of attachment when considering looked-after children. This would entail recognising the importance of attachment relationships, specifically in relation to older children when making decision concerning contact and the ability to form attachment relationships with multiple sources. This would also require the implementation of a formal attachment assessment between child and birth parent prior to decision making, so as to inform the most appropriate contact arrangements for the well-being of the child.

- A primary developmental task during early childhood is the formation of a positive and secure attachment relationship with a supportive caregiver. This process can be disrupted when children experience maltreatment from their caregiver and multiple foster placements. Therefore, interventions to help children form health and secure attachment relationships should be considered. One 10-session intervention, Attachment and Biobehavioural Catchup (ABC), was designed to help caregivers facilitate healthy regulation of the child's behaviour and stress-responses by teaching caregivers to be highly responsive to the child's emotions and increasing caregiver's provision of nurturing care and promotion of attachment security (Dozier, Peloso, Lewis, Laurenceau, & Levine, 2008). This intervention has been successful in enhancing stress responses among foster children whose caregivers were randomly assigned to the ABC intervention relative to children in a foster care control intervention condition. The ABC children were also more often secure and less often disorganized in their attachments to caregivers than were the control children, with 32% of the ABC children (vs. 57% of the control children) having a disorganized attachment to their caregiver and 52% of the ABC children (vs. 33% of the control

children) having a secure attachment approximately 1 month after the intervention (Bernard et al., 2012).

- Although foster carers can be agents of therapeutic intervention with looked-after children, it is essential they receive a wide range of support and resources to effectively cope with the complex issues looked-after children face. Due to the experience of maltreatment, it is often those most affected by the issue and most in need of support who pose the most emotional and behavioural issues for foster carers to manage. Findings suggest foster carers are essential in enhancing resilience and positive outcomes for looked-after children, therefore the benefits of providing training and emotional and financial support can ultimately impact the lives and future of looked-after children. Training should enhance carers capacity to be sympathetic and reflective about children's issue and experiences rather than reactive to their problem and emotional behaviours, however this requires specialist training and support.
- Children in care who are more likely to be reunited with birth parents, are also more likely to have better behaviour and stronger attachments as they tend to be from less abusive and dysfunction environments (Hashim, 2009). Therefore, the purpose of contact for children in short-term placements would be substantially different as would the characteristics of the children themselves in comparison to those who's are not likely to be returned to birth parents. This would suggest a need for specific training in terms of the engagement and participation in contact matters for foster carers with young people in short-term placements given their specific contact needs and pre-care attachment bonds to birth family members.
- Contact must be considered on a case-by-case basis, rather than current policy which promotes 'a one size fits all' approach. Results in the current research highlight the

complexity of contact, and although contact can be beneficial, it can also be damaging, therefore procedures with regards to the promotion of contact for all looked after children must be reconsidered and adapted to each individual child's circumstances. By integrating professional opinion with the views of looked-after children themselves, practitioners will be better equipped to organise contact in a way most appropriate for each looked-after child based on established long and short-term outcomes. However, if practitioners are governed to promote contact to all looked after children (unless court ordered) this may lead to more damaging outcomes on children's well-being.

- All looked-after children should be given the opportunity to develop deep and meaningful relationships outside of the birth parent medium, as this is significant to children's overall development and adjustment. To enhance social connectedness, relationships should especially be encouraged between siblings and amongst peers via voluntary and charity organisation, such as 'VOYPIC' who sit outside of social services and provide neutral support, advocacy and mentoring to looked-after children.

- Support and advice on how to effectively manage restricted contact sessions for both parents and children seems essential, if meaningful contact is to be achieved. The implications of having contact which does not meet the needs of all parties can result in important relationships being affected, and young people feeling distressed that sessions are not delivering the quality they wish for.

5.5 Limitations and lessons learnt

Gaining Access to looked-after children

The current research was a learning experience, not without its limitations, particularly in respect of methodological issues. The developmental of the 1989 Children's Act prompted a national transformation throughout practice and policy, to

listen to the views and perspectives of children on matters which impact their lives (Roche 1996). This has since been reflected in research which seeks to explore the views of looked-after children, a recognisably vulnerable and marginalised group within society (Add more Fletcher 1993; Triseliotis *et al*, 1995; Thomas & O’Kane 1998; Baldry & Kemmis, 1998). However, in order to gain access to this particularly vulnerable and at-risk population, there are a number of challenges which researchers may face. In an article by Heptinstall (2000), methods involved in gaining access to looked-after children within research are discussed thoroughly, based on experiences gained from a study exploring the views of looked-after children on family life (Brannen *et al*, 2000).

Drawing on this article, it is important to reflect on specific challenges met when trying to gain access to this sample, particularly for directing and informing future research. In the current research, children and young people in the quantitative phase were recruited via Tusla – the child and family agency which represents “the state agency responsible for improving well-being and outcomes for children” in the RoI. The agency’s procedure regarding research applications involved submitting a proposal for review to an internal board. This process has no estimated time frame and required a number of amended proposals to meet the satisfaction of the review board. Overall, the timespan from application submission to notification of approval took 18 months, therefore those working to a strict time frame should be cautious.

The decision and arrangement for accessing looked-after children was ultimately decided by the research ethics committee and social work staff involved in the study. It was decided that Tusla staff would deliver all correspondence on the researcher’s behalf so as to protect the identities of participants. This meant the research was subject to the availability, help and support of Tusla staff to post information packs, questionnaire packs and post follow-up procedures. Although this was highly appreciated, time restrictions did mean regular correspondence was vital to assess the

stage at which questionnaires were being delivered. Most of the sample were subject to a court order which meant parental responsibility was shared between birth parents and local authority. However, the ethics committee required ethical approval from either a birth parent, carer or legal guardian. This was a particularly complex issue, due to the family circumstances most children in care face. For example, children may legally remain in the care of their birth parents, even whilst looked after. However, they may have a difficult relationship with birth parents or have little contact. It can also be difficult sometimes for local authorities to contact birth parents, and if a relationship between birth parents and social services is difficult then a response to such research may also be difficult. Therefore, consent from a birth parent can be extremely difficult to obtain for such research. However, once ethical approval was obtained, the study was a lot less time consuming and used follow-up procedures including follow-up letters to try to enhance response rates.

Ultimately the process as a whole was challenging, time consuming and mostly coordinated by local authority staff. Communication with local authority staff was key to gaining access to this sample, however there are many steps involved and different individuals which need to be consulted before the study can essentially begin, including social work staff, ethics committees, and those responsible for providing ethical consent for looked-after children. At the end, it is essentially the children's views and perspectives which are most important and empowering them by providing a platform to express those views was essential to the research.

5.6 Future recommendations for research

Phase one of the study involved an initial small-scale, qualitative methodological design in order to gain an initial insight into the phenomenon and meet the objectives of the research. This sample included a small group of care experienced young people with an age range of 15-23. The second study also involved a relatively small-scale quantitative sample (n=143) to further explore and elaborate on findings

from the previous phase. Subsequently future research exploring the topic of contact might consider the following factors:

- The research initially involved a small-scale qualitative study, and although this was justified in the type of analysis (IPA) chosen to meet to the aims of the research, it is not representative of all looked-after children and young people. The study also involved the participation of young people between the ages of 10-26. As the topic and findings warrant further investigation, a broader age spectrum inclusive of children and young people of all ages may be useful.
- Findings from the study provide a valuable insight into the topic of contact from the perspective of looked-after children, however longitudinal work would provide details on the long-term impact of contact. Such studies may also benefit from including the views of birth parents, foster carers and social work staff.
- No participants in the study came from backgrounds of residential homes. Other research has highlighted the difficulties in reaching this particularly vulnerable cohort (Dozier, Zeanah, Wallin & Shaffer, 2012). This has resulted in a serious gap in the research with regards to looked-after children in residential accommodation and therefore future studies would benefit from investigating contact processes specific to those children who do not have the support of a foster carer.
- Findings suggest future research would benefit from developing a measure of well-being specific to the needs of looked-after children. As well as this, the development of a measure of contact was also found to be necessary. Both measures could not only inform practice and outcomes associated with contact, but also facilitate the

integration of local authorities and mental health services to improve outcomes associated with children's well-being.

- Formal assessment of attachment bonds between looked after children, birth parents and foster carers should also be considered in future research, to help add to the literature on outcomes associated with contact and children's attachment behaviours. Of course, contact procedures are ultimately decided within a court of law, or by practitioners, however an insight into attachment relationships may help to inform the relationship between attachment relationships and contact on children's psychosocial development and adjustment

5.7 Conclusion

Findings from the study illuminated important perceptions of contact with birth parents amongst looked-after children. The study highlighted factors most important to those most effected by contact and enabled more in-depth exploration into the relationship between contact, attachment relationships and children's health and well-being. Furthermore, and perhaps most importantly, the research provided a traditionally disempowered, disadvantaged and vulnerable group with a platform to express their views on issues which mattered to them surrounding contact. The findings challenge current policy and practice, as results suggest that contact cannot be considered and generalised in terms of a one size fits all approach. Contact can be a necessary tool for maintaining and enhancing attachment bonds, however it can also result in the exposure to challenging and difficult relationships. The proposed contact model could be useful for theory and practice, as a starting point in investigating how pre-care attachment relationships can influence the direction of contact, and outcomes associated with children's well-being and adjustment.

Reflective log

Giving the sensitive nature of the topic of contact with birth parents, and the emotional response it inspired in the researcher, it felt important to report the emotional process involved in conducting such research.

A personal journey

To put the researcher's own personal position into context, anyone who has reached this stage of a PhD will understand the range of emotions and growth which coincides with the experience. Personally, I have never been a confident researcher, despite my academic achievements so far. In the past, I mostly accredited my success to the good nature of those affording me such opportunities. Despite being a key subject of imposter syndrome, I have a strong passion and intrinsic motivation for research. I feel a strong sense of purpose to have been a part of a research project such as this which has giving me an opportunity to hear the views of such inspiring and brave young people.

Often reflexive accounts can be found within qualitative research based on concerns surrounding the potential role of investigator objectivity (Finlay, 2003; Kock & Harrington, 1998). The various roles and position of the researcher should be made as transparent as possible. However, the extent to which the researcher and research can be meaningfully separated is subjective (Dowling, 2006). As in -depth interviews were conducted in the initial phase of the research it is important to recognise the potential for reciprocal influence that is 'influence and be influenced' by the research study (Lamb & Huttlinger, 1989). My initial perspective was from a completely naive point of view, in that I had no real expectation or knowledge beyond the limited research I had read on contact with birth parents. Before the interviews took place, I regarded the particular vulnerability of this cohort and the prospect of discussing such a personal topic quite daunting. Being accepted by the participants and making them feel comfortable was fundamental to the research, in

terms of building a solid rapport and gaining an in-depth insight into the young people's lives. Conducting interviews of a sensitive nature which may provoke a range of emotional response in children and young people involves the ability to remain objective, yet engaged and sympathetic towards the hardships and adversities these young people have faced (Tisdall, Davis, & Gallagher, 2008). To help enhance my communication skills with care experienced young people, I was a voluntary mentor for the charity VOYPIC who provided extensive training in effective communication skills. This helped me to understand the complex psychological, emotional and behavioural issues many of these young people face as a result of adverse experiences in their lives. However, following the interviews I had a new outlook on the research topic itself as well as this cohort of young people.

Despite the hardships they have endured, looked after children and young people maintain the same aspirations as any other child or young person regardless of their past experiences, and ultimately just want to live a normal life. Independent organisations such as VOYPIC provide a medium in which care experienced young people can socialise with fellow peers and not feel excluded or different. Organisations such as this deserve the highest recognition for affording care experience young people the opportunity to succeed and strive. They provide young people with stable and positive social support systems, opportunities they may not have had, and increased self-confidence by learning essential skills they need to be self-sufficient.

Upon reflection, the confidence, openness and sincerity of the young people I interviewed not only provided the research with invaluable rich data, but also made me feel comfortable, confident and inspired me through their resilience. As a result, reciprocity was incorporated as a fundamental aspect of the research, in that insight was gained for the purpose of the research but also the young people were given a platform to express their views. When asked to provide feedback following each

interview, all young people found the experience comfortable, with one young person even describing it as fun.

Although the feedback and overall experience was encouraging, the content within each interview was extremely emotional at times to listen to. For example, the experiences discussed by the young people include neglect, physical and emotional abuse as well as sexual abuse and self-harming. Ultimately, what resonated most was the young people's willingness and confidence in discussing such personal and adverse experiences, which I interpreted as a result of two main factors. Firstly, the fact a lot of these young people had faced maltreatment at quite a young age which may have meant having to grow up much quicker and experience some loss of childhood. Secondly, organisation such as VOYPIC extend openness with encouragement and reassurance. Therefore, the confidence and bravery of each young person interviewed could be recognised as a reflection of the empowerment and strength of support they receive from those they have met at VOYPIC.

In terms of my views of contact, following the interviews I was left feeling as though contact with birth parents seemed to be associated with more negative outcomes rather than positive. It was evident attachment relationships were a significantly important factor in the disempowerment and empowerment these young people face. However, following the quantitative phase of the research my views had once again adapted to the findings. It was then clear the phenomenon of contact was much more complex than I had anticipated, and that each case was individual to every young person's own personal experience. I feel extremely proud as I have grown as a person as a result of being a part of this research project, and I sincerely hope organisations such as VOYPIC continue to change the lives of care experienced young people.

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Appendix 1

Consent/Assent form – Qualitative phase

**Consent Form**

Title of Project: The role of contact with birth parents on the health and well-being of looked after children.

Please tick

I confirm that I have read and understood the information sheet for the above study and have asked and received answers to any questions raised.

☐

I understand that my participation is voluntary and that I am free to withdraw at any time without giving a reason and without my rights being affected in any way.

☐

I give permission for the researchers to audio record the interview and I understand that the researchers will hold all information and data collected securely and in confidence on the Coleraine Campus of the University of Ulster for 10 years after which it will be destroyed.

☐

I understand that I cannot be identified as a participant in the study
(except as might be required by law).

☐

Name of participant:

Signature:

Date:

Name of researcher:

Signature:

Date:

Name of Guardian or
Parent:

Signature:

Date:

Information Sheet – Qualitative Phase



Information Sheet

The role of contact with birth parents on the health and well-being of looked after children.

My name is Eimear McDowell and I am an Ulster University, PhD student based at the Coleraine Campus. For my thesis I am investigating perceptions of contact with birth parents among looked after children in Northern Ireland. I will be supervised during this research project by Dr Tony Cassidy, who is the Chief Investigator of this project.

Every year decisions are made about contact with birth parents which affect looked after children but there is little real evidence to guide those who make the decisions. In addition, the views of the looked after child are often not sought. This project aims to make a start in gathering evidence and to ensure that the views of the looked after child are included.

You are invited to participate in this study which will consist of a one hour recorded interview with me to discuss your experiences of this issue.

Interviews will take place at your local VOYPIC office on a date/time that is suitable for you. The interview will be relaxed and informal and your participation is voluntary. You can stop the interview at any time and have the recording destroyed.

All information will remain confidential and all identifying information will be removed so that you will remain anonymous in any report produced. No personal information is required and any that is unintentionally recorded will be removed when the interviews are transcribed. Interview recordings, transcripts and consent forms will be held securely on the Coleraine campus of the University of Ulster for 10 years after which the data will be destroyed. During that time they will only be accessible by the researcher and her supervisor.

Your participation is entirely voluntary and you have the right to withdraw at any stage of the interview without having to state why. If you wish to withdraw after the interview is completed you should contact the researcher within one week of completing the interview. Again you do not have to give a reason and all data related to you will be destroyed. After one week it will be assumed that you do not wish to withdraw.

If you have any queries or should you require further information at any stage please feel free to contact:

Myself: Eimear McDowell: McDowell-E3@email.ulster.ac.uk

or

Chief Investigator: Dr Tony Cassidy: t.cassidy@ulster.ac.uk Telephone 028 70123025

If you should feel upset at anytime please contact your nearest VOYPIC office from the following list;

Ballymena

Voice of Young People In Care

25 Castle Street

Ballymena

BT43 7BT

Tel: 028 2563 2641

Fax: 028 2565 5934

Belfast

Voice of Young People In Care

9-11 Botanic Avenue

Belfast

BT7 1JG

Tel: 028 9024 4888

Fax: 028 9024 0679

Derry/Londonderry

Voice of Young People In Care

13 Queen Street

Londonderry

BT48 7EG

Tel: 028 7137 8980

Fax: 028 7137 7938

Lurgan

Voice of Young People In Care

Flat 12, Mount Zion House

Edward Street

Lurgan

BT66 6DB

Tel: 028 3831 3380

Fax: 028 3832 4689

Interview schedule - Qualitative phase

Firstly, I would like to thank you for agreeing to take part in this research project; I greatly appreciate your contribution. As you are aware I am investigating perceptions of contact with birth parents amongst care experienced children and young people.

I would like to start by asking you if you have had any experience of contact with birth parents?

Could you describe your own experience and views of contact with birth parents?

Appendix 2

Information sheet for parent/guardian – Quantitative phase



Research Information Sheet

Project title: **Relationships, health, and well-being of looked after children**

My name is Eimear McDowell and I am a student based at the University of Ulster.

As part of my studies I am carrying out a research project exploring children's experiences in the care system and their relationships with other people in their life.

Very little is known about this and I would be really interested to hear what children's experiences have been like.

How do children take part?

Children will complete a questionnaire (attached) which should take no more than 15-20 minutes of their time. You are asked to consent to the child / children in your care taking part in the study. Children will also be asked to assent to the study and can decide not to complete the questionnaire without any consequence. If you do not consent to your child/children's participation you do not have to send back your child/children's assent form nor the blank questionnaire. Equally, if you are uncertain and you need to ask any questions, contact me at the email address or phone number noted below.

What happens to the information?

All information will remain confidential unless it could indicate that the child or someone else is at risk. If that is the case I will have to share this with yourself and the child's Care Worker in TUSLA.

The information will be used to write a report. Children will remain anonymous in the report and no personal information will be reported.

Consent forms will be held securely in the TUSLA office and will not be shared with the researchers. Only the anonymous questionnaires will be returned to the researchers who will hold all data securely on the Coleraine campus of Ulster University and only accessible to me and my supervisor, Professor Tony Cassidy.

To take part

If you agree to your child taking part please complete the consent form and post it back to the named person at TUSLA where it will be held securely. The name and address for return of all material is:

Marie Morrissey
 Child & Family Agency
 TUSLA
 Community Care Services
 Cork Road
 Waterford

If you have any questions at any stage please feel free to contact myself or Prof Tony Cassidy who is supervising this project:

Eimear McDowell: McDowell-E3@email.ulster.ac.uk

Professor Tony Cassidy: t.cassidy@ulster.ac.uk

Telephone: +44 (0) 28 70123025

Information sheet for young person – Quantitative phase



Research Information Sheet

Project title: **Relationships, health, and well-being of looked after children**

My name is Eimear McDowell and I am a student based at the University of Ulster.

As part of my studies I am carrying out a research project exploring children's experiences in the care system and their relationships with other people in their life.

Very little is known about this and I would be really interested to hear what children's experiences have been like.

How do children take part?

Children will complete a questionnaire (attached) which should take no more than 15-20 minutes of their time. You are asked to consent to the child / children in your care taking part in the study. Children will also be asked to assent to the study and can decide not to complete the questionnaire without any consequence. If you do not consent to your child/children's participation you do not have to send back your child/children's assent form nor the blank questionnaire. Equally, if you are uncertain and you need to ask any questions, contact me at the email address or phone number noted below.

What happens to the information?

All information will remain confidential unless it could indicate that the child or someone else is at risk. If that is the case I will have to share this with yourself and the child's Care Worker in TUSLA.

The information will be used to write a report. Children will remain anonymous in the report and no personal information will be reported.

Consent forms will be held securely in the TUSLA office and will not be shared with the researchers. Only the anonymous questionnaires will be returned to the researchers who will hold all data securely on the Coleraine campus of Ulster University and only accessible to me and my supervisor, Professor Tony Cassidy.

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Consent form – Quantitative phase



Consent Form

Title of Project: The role of contact with birth parents on the health and well-being of looked after children.

Please tick

☐ I confirm that I have read and understood the information sheet for the above study and have asked and received answers to any questions raised.

☐

I understand that my participation is voluntary and that I am free to withdraw at any time without giving a reason and without my rights being affected in any way.

☐

I give permission for the researchers to audio record the interview and I understand that the researchers will hold all information and data collected securely and in confidence on the Coleraine Campus of the University of Ulster for 10 years after which it will be destroyed.

☐

I understand that I cannot be identified as a participant in the study
(except as might be required by law).

☐

Name of participant:

Signature:

Date:

Name of researcher:

Signature:

Date:

Name of Guardian or
Parent:

Signature:

Date:
